



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017132 1. Entity Name OCEAN HAMMOCK FIVE, L.L.C.					
Principal Place of Business 5 UTILITY DRIVE 14 PALM COAST FL 32137			Mailing Address 5 UTILITY DRIVE 14 PALM COAST FL 32137		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E083 (11/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 32-0021528				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTLETT, LAURENCE H 1800 W. INT'L SPEEDWAY BLVD. SUITE 201 DAYTONA BEACH FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEYES, GERALD P 3971 S. CHINOOK LANE ORMOND BEACH FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLERJACK, DANIEL J 42 S. PENINSULA DR. DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTLETT, LAURENCE H 1800 W. INT'L SPEEDWAY BLVD., STE. 201 DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MULLEN, MICHAEL S 1500 LAMBERT AVE. FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: 