


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017132</b> 1. Entity Name <b>OCEAN HAMMOCK FIVE, L.L.C.</b>	
---	---

Principal Place of Business  
**5 UTILITY DRIVE  
14  
PALM COAST, FL 32137**

Mailing Address  
**5 UTILITY DRIVE  
14  
PALM COAST, FL 32137**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0021528**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KEYES, GERALD P
STREET ADDRESS	3971 S. CHINOOK LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	BARTLETT, LAURENCE H
STREET ADDRESS	1800 W. INT'L SPEEDWAY BLVD., STE. 201
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	MGRM
NAME	MULLEN, MICHAEL S
STREET ADDRESS	1500 LAMBERT AVE.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000381300  
01/11/06-80047-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/6/06

386-446-1743