

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032024

1. Entity Name
RIVER HAMMOCK RANCH, LLC



Principal Place of Business
**500 EAST PRINCETON STREET
ORLANDO, FL 32803-1449**

Mailing Address
**500 EAST PRINCETON STREET
ORLANDO, FL 32803-1449**



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3762565

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCREE, RICHARD T
500 EAST PRINCETON STREET
ORLANDO, FL 32803-1449**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000145297
05/03/04-80019-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPST
MCCREE, SR., RICHARD T
500 PRINCETON ST.
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BROWN, JAMES R
500 PRINCETON ST.
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: ☒

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

Date

Daytime Phone #