


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 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
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DO NOT WRITE IN THIS SPACE



04072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3762565	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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**Filing Fee is \$50.00
Due by May 1, 2005**

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
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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 #
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