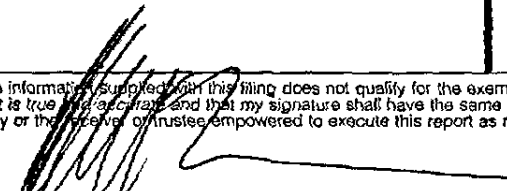


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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
DO NOT WRITE IN THIS SPACE		
		04132006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 59-3762565
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable
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		U00000548813 05/12/06-80078-006 55.00
Filing Fee is \$50.00 Due by May 1, 2006		
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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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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		4/27/06 407 8789 Date

RICHARD T. MCCREE SR.