# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000017062**

1. Entity Name
DARK HAMMOCK PRESERVE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6106 WILD CAT RUN<br>WEST PALM BEACH, FL  33412 | 6106 WILD CAT RUN<br>WEST PALM BEACH, FL  33412 |

## DO NOT WRITE IN THIS SPACE

08022005No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 05-0569305 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

CUNNINGHAM, E. SCOTT
6106 WILD CAT RUN
WEST PALM BEACH, FL  33412

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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 September 7, 2005**

9.                    MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | CUNNINGHAM, EDWARD S |
| STREET ADDRESS | 6106 WILDCAT RUN |
| CITY-ST-ZIP | WEST PALM BEACH, FL  33412 |
| TITLE | |
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U00000375751
08/05/05-80009-001 50.00

## DO NOT WRITE 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: _____          8-2-05   561-818-0821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #