2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 24, 2004 8:00 am DOCUMENT # L03000025103 **Secretary of State** 1. Entity Name 03-24-2004 90303 014 ****55.00 HAMMOCK COASTAL PROPERTIES, LLC Principal Place of Business . Mailing Address 1 CREEK COURT 1 CREEK COURT PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State 4. FEI Number Applied For 51-0472949 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNS, BRENT Street Address (P.O. Box Number is Not Acceptable) 1 CREEK COURT PALM COAST FL 32137 Zip Code 3.2 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change X Addition BRUNS BRENT NAME NAME ICREEK CT. DALM COAST, FC 32137 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete Addition LISH BRUNS NAME NAME STREET ADDRESS STREET ADDRESS ICREEK CT. FC 32137 CITY-ST-ZIP CITY-ST-ZIP -TITLE-Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED