


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L03000028013		
1. Entity Name AUCILLA HAMMOCK, L.L.C.		
Principal Place of Business 868 FALLOW RD LAMONT, FL 32336		Mailing Address PO BOX 158 LAMONT, FL 32336
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KING, KENNETH L 868 FALLOW RD PO BOX 158 LAMONT, FL 32336		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, KENNETH L 868 FALLOW RD, PO BOX 158 LAMONT, FL 32336	
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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: <u><i>Kenneth L. King</i></u> Kenneth L. King		1/11/07 850-997-8007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0121451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/26/07-80015-006 50.00