

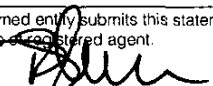
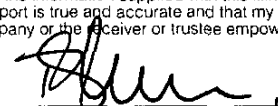


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90022 014 ****50.00

DOCUMENT # L04000002158 1. Entity Name THE HAMMOCKS CAPE HAZE, LLC					
Principal Place of Business 1408 N. WEST SHORE BLVD, STE 116 TAMPA, FL 33607				Mailing Address 1408 N. WEST SHORE BLVD, STE 116 TAMPA, FL 33607	
2. Principal Place of Business 500 N. Westshore Blvd. Suite 800 Tampa, FL Zip 33609 Country USA		3. Mailing Address 500 N. Westshore Blvd. Suite 800 Tampa, FL Zip 33609 Country USA			
4. FEI Number 20-0566590				Chg-LLC CR2E083 (11/05) Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MERRILL, RANDOLPH S 1408 N. WEST SHORE BLVD, STE 116 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name: MERRILL, RANDOLPH S. Street Address (P.O. Box Number is Not Acceptable): 500 N. Westshore Blvd. Suite 800 City: Tampa FL Zip Code 33609				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 a registered agent. SIGNATURE:  Randolph S. Merrill MGRM DATE: 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MERRILL, RANDOLPH S <input type="checkbox"/> Delete 1408 NORTH WESTSHORE BOULEVARD SUITE 116 TAMPA, FL 33607				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MERRILL, RANDOLPH S. 500 N. Westshore Blvd. Suite 800 Tampa, FL 33609				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAAD, STEWART M. 500 N. Westshore Blvd Suite 800 Tampa, FL 33609				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  Randolph S. Merrill MGRM 4-19-06 514-1134 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					