

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000002158

1. Entity Name

THE HAMMOCKS CAPE HAZE, LLC



Principal Place of Business

500 NORTH WESTSHORE BLVD  
SUITE 800  
TAMPA, FL 33609

Mailing Address

500 NORTH WESTSHORE BLVD  
SUITE 800  
TAMPA, FL 33609



04162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0566590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MERRILL, RANDOLPH S  
500 NORTH WESTSHORE BLVD  
SUITE 800  
TAMPA, FL 33609

**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000910671  
05/07/08-80008-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME MERRILL, RANDOLPH S  
STREET ADDRESS 500 NORTH WESTSHORE BLVD SUITE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM  
NAME SAAD, STEWART M  
STREET ADDRESS 500 NORTH WESTSHORE BLVD SUITE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/16/08

Date

813-514-1134

Daytime Phone #