


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/6/2007-90056-003 \$50.00-\$50.00
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 OCT -8 PM 1:59

DOCUMENT # L04000040504

1. Entity Name
 HAMMOCK POND RANCH, LLC



Principal Place of Business Mailing Address

P O BOX 1771
 FORT MYERS, FL 33902
 5959 Winkler Rd., #110

P O BOX 1771
 FORT MYERS, FL 33902

FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE



07182007No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

20-1177536 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT
 5959 Winkler Rd., #110
 FORT MYERS, FL 33919

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6. 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

Filing Fee is \$50.00
 Due by September 14, 2007

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILSON, ROBERT
STREET ADDRESS	P O BOX 1771
CITY-STATE-ZIP	FORT MYERS, FL 33901 *
TITLE	MGRM
NAME	BOND, KENNETH R
STREET ADDRESS	10880 DEAL RD
CITY-STATE-ZIP	FORT MYERS, FL 33917
TITLE	5959 Winkler Rd #110 *
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

43X31171

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9. 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 registered or local agent empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Robert L. Wilson 8/20/07 2398720609

Signature and typed or printed name of signing managing member or authorized representative Date Deputy Phone #

BLI