


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000046676**  
 1. Entity Name  
 LOT 65 OCEAN HAMMOCK SEC. B-5, LLC



Principal Place of Business      Mailing Address  
 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE      1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
 PALM COAST, FL 32137      PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**



04052006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>34-2044057</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KATZ, B. PAUL  
 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
 PALM COAST, FL 32137

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable      DATE

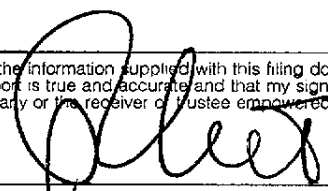
**Filing Fee is \$50.00 Due by May 1, 2006**      000000561394  
 05/19/06-80012-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATZ, B. PAUL 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137
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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:**       **8/26/06 386-446-4469**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #