

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90027 040 \*\*\*\*50.00

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<b>DOCUMENT # L04000061059</b> 1. Entity Name MG DEVELOPMENT OF OCEAN HAMMOCK, LLC					
Principal Place of Business 1591 ESTUARY TRAIL DELRAY BEACH, FL 33483			Mailing Address 1591 ESTUARY TRAIL DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1536994</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IVAN, MICHAEL J JR. ESQ 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			Name <b>Michael J. Ivan, Jr. Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b> <b>Suite 3131</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>		
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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR Melanie K. Barba 1591 Estuary Trail Delray Beach, FL 33483		
			MGR Gerard A. Tramontozzi 1591 Estuary Trail Delray Beach, FL 33483		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Melanie K. Barba</i>			4-18-05 / 561-2781163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		