2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 06, 2006 08:00 AM Secretary of State

DOCUMENT#	L04000067627
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1. Emity Name HAMMOCK DEVELOPMENT GROUP, LLC



Principal Place of Business

Mailing Address

301 S. CENTRAL AVE. FLAGLER BEACH, FL 32136

301 S. CENTRAL AVE. FLAGLER BEACH, FL 32136



01122006 No Chg-LLC

5. Certificate of Status Desired

CR2E083 (11/05)

FEI Number 11-3732334	-		
		_	7

Not Applicable \$5.00 Additional

Fee Required

Applied For

6. Name and Address of Current Registered Agent

SMITH, RICH 301 S. CENTRAL AVE.

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FLAGLER BEACH, FL 32136		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its relians of registered agent.	egistered office or registered agent, or both, in the State of Fforida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if anohoable (NOTE: F	Tagratered Agent signatura required wisen reinstating! DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006	1100000456775 03/16/06-80041-018 50.00
9. ISILE NAME SIRELI ADDRESS CHY-S1-ZIP	MANAGING MEMBERS/MANAGERS MGR LIGHTHOUSE DEVELOPMENT GROUP, INC. 301 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32138	
THEE WAME STREET ADDRESS CHY-ST-219		
NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-RP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STITEET ADDRESS		

11. Thereby 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZP

URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE