

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084980

Entity Name: HAMMOCK TRAVEL LLC

FILED  
May 03, 2005  
Secretary of State

**Current Principal Place of Business:**

640 BROADWAY STREET  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

640 BROADWAY STREET  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 20-1922056      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAMMOCK, MICHELE  
640 BROADWAY STREET  
LONGBOAT KEY, FL 34228      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: HAMMOCK, MICHELE  
Address: 640 BROADWAY STREET  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM      ( ) Delete  
Name: HAMMOCK, JAMES  
Address: 640 BROADWAY STREET  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHELE HAMMOCK

MGRM

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date