

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090043

FILED
Apr 25, 2006
Secretary of State

Entity Name: HACKBERRY HAMMOCK, LLC

Current Principal Place of Business:

6153 SOUTH U.S. #1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

6153 SOUTH U.S. #1
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 20-1997573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMER, SAMUEL P
6153 SOUTH U.S. #1
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: COMER, SAMUEL P
Address: 6153 SOUTH U.S. #1
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM () Delete
Name: HAYSLIP, NORMAN E
Address: 6153 SOUTH U.S. #1
City-St-Zip: FORT PIERCE, FL 34982

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 Chapter 119, 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: SAMUEL P. COMER

MGRM

04/25/2006

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