

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004950

FILED
Apr 24, 2008
Secretary of State

Entity Name: HAMMOCK BUILDING RENTALS, LLC

Current Principal Place of Business:

300 ATLANTIC DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

300 ATLANTIC DR
STE 10
KEY LARGO, FL 33037

Current Mailing Address:

P.O. BOX 3006
KEY LARGO, FL 33037

New Mailing Address:

PO BOX 3006
KEY LARGO, FL 33037

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATARINEAU, JOE A ESQ
91760 OVERSEAS HIGHWAY
TAVERNIER, FL 33037 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: SANTE, CHRISTOPHER D
Address: 300 ATLANTIC DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM () Delete
Name: SANTE, PAMELA A
Address: 300 ATLANTIC DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTE, CHRISTOPHER D
Address: 300 ATLANTIC DR
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM (X) Change () Addition
Name: SANTE, PAMELA A
Address: 300 ATLANTIC DR
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER SANTE

MGRM

04/24/2008

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