

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012959

Entity Name: HAMMOCK GROVE, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

1510 NORTHGATE DRIVE
NAPLES, FL 34105

New Principal Place of Business:

5143 KRISTIN COURT
NAPLES, FL 34105

Current Mailing Address:

1510 NORTHGATE DRIVE
NAPLES, FL 34105

New Mailing Address:

5143 KRISTIN COURT
NAPLES, FL 34105

FEI Number: 51-0534982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
C/O CONROY, CONROY & DURANT, P.A.
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MYERS, DIANE H
5143 KRISTIN COURT
NAPLES, FL 34105 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: DIANE H. MYERS

01/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERZER, PHYLLIS M
Address: 1510 NORTHGATE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERZER, PHYLLIS M
Address: 2822 CAPISTRANO WAY
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Change (X) Addition
Name: MYERS, DIANE H
Address: 5143 KRISTIN
City-St-Zip: NAPLES, FL 34105

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: DIANE MYERS

MGRM

01/19/2006

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