

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017779

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: THE HAMMOCK GROUP LLC

**Current Principal Place of Business:**

104 SURFVIEW DR. #2108  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

104 SURFVIEW DR. #2108  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-2406426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHUMACHER, GREGG  
104 SURFVIEW DR. #2108  
PALM COAST, FL 32137 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: SCHUMACHER, JASON  
Address: 5300 SO. ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA, FL 32169

Title: MGRM ( ) Delete  
Name: SCHUMACHER, RYAN  
Address: 448 BAYFIELD DR.  
City-St-Zip: WILMINGTON, NC 28411

Title: MGRM ( ) Delete  
Name: SCHUMACHER, BRAD  
Address: 39 W 173 CRESCENT LANE  
City-St-Zip: ST. CHARLES, IL 60175

**ADDITIONS/CHANGES:**

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

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: GREGG SCHUMACHER

MGR

03/07/2006

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