

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90043 017 ****50.00

20020610



03092006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000025762 1. Entity Name HURLEY'S WACCASASSA PLANTATION, LLC					
Principal Place of Business 2399 NE COUNTY ROAD 138 BRANFORD, FL 32008			Mailing Address P.O. BOX 7 BALM, FL 33503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1248679			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HURLEY, THOMAS F 2399 N.E. C/R 138 BRANFORD, FL 32008			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete HURLEY ENTERPRISES, INC. STREET ADDRESS P.O. BOX 7 CITY-ST-ZIP BALM, FL 33503		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete THOMAS F. HURLEY STREET ADDRESS 2399 N.E. C/R 138 CITY-ST-ZIP BRANFORD, FL 32008		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete CLIFFORD F. HURLEY STREET ADDRESS 2399 N.E. C/R 138 CITY-ST-ZIP BRANFORD, FL 32008		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete CHRISTOPHER B. HURLEY STREET ADDRESS 2399 N.E. C/R 138 CITY-ST-ZIP BRANFORD, FL 32008		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete STEPHEN M. HURLEY STREET ADDRESS 2399 N.E. C/R 138 CITY-ST-ZIP BRANFORD, FL 32008		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Thomas F. Hurley</i></u>			Date: <u>3/14/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					