


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90020 006 ***138.75

DOCUMENT # L05000038733	
1. Entity Name HAMMOCK BEACH 67, LLC	

Principal Place of Business 614 E NEW HAVEN AVE MELBOURNE, FL 32901	Mailing Address 614 E NEW HAVEN AVE MELBOURNE, FL 32901
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2. Principal Place of Business - No P.O. Box # 4275 Alyssa Ln.	3. Mailing Address 4275 Alyssa Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State W. Melbourne, FL	City & State W. Melbourne, FL
Zip 32904	Zip 32904
Country	Country

60000456



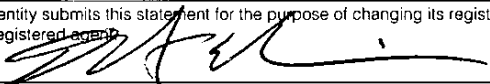
01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MURTHA, KEVIN M 7640 NORTH WICKHAM ROAD SUITE 121 MELBOURNE, FL 32940	

7. Name and Address of New Registered Agent	
Name Anthony David E. Shein	
Street Address (P.O. Box Number is Not Acceptable) 1300 W. Eau Gallie Blvd.	
City Melbourne	FL Zip Code 32935

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 	DATE 1/7/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASON, ANTHONY N 614 E NEW HAVEN AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDA, SUNDEEP 2115 PALM BAY ROAD NE SUITE 3E PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURTHA, KEVIN M 2115 PALM BAY ROAD NE SUITE 3E PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEGLER, ANDREW J 2115 PALM BAY ROAD NE SUITE 3E PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, WAYNE 2115 PALM BAY ROAD NE SUITE 3E PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, SCOTT J 2115 PALM BAY ROAD NE SUITE 3E PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>TONY MASON</u>	Date 1-7-08	Daytime Phone # 3216938669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		