

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000046673

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** OAK HAMMOCK HOLDINGS, L.L.C.

**Current Principal Place of Business:**

3633 26TH STREET WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

215 8TH STREET EAST  
BRADENTON, FL 34205

**Current Mailing Address:**

3633 26TH STREET WEST  
BRADENTON, FL 34205

**New Mailing Address:**

215 8TH STREET EAST  
BRADENTON, FL 34205

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

REID, EDWARD O  
3633 26TH STREET WEST  
BRADENTON, FL 34205    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: EDWARD O. REID

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM    ( ) Delete  
Name: OAK HAMMOCK OF MANAT, EE, L.L.C.  
Address: 3633 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

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

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: EDWARD O. REID

MGR

01/22/2008

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