

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 010 ***138.75

DOCUMENT # L05000051505	
1. Entity Name HAMMOCK MEADOW ESTATES, L.L.C.	

Principal Place of Business 832 SOUTH FLORIDA AVE. LAKELAND, FL 33801	Mailing Address 832 SOUTH FLORIDA AVE. LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE

60028641



04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 90-0281154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H. GUY
832 SOUTH FLORIDA AVE.
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

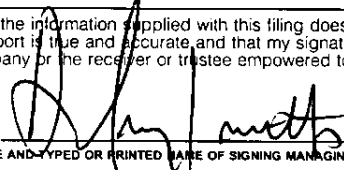
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, H. GUY 832 SOUTH FLORIDA AVE. LAKELAND, FL 33801
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IN THIS SPACE**

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:  H. GUY SMITH 4/17/08 863-688-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #