

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054701

FILED
Feb 11, 2007
Secretary of State

Entity Name: HAMMOCK BEACH PROPERTIES, LLC

Current Principal Place of Business:

2721 RUNYON CIR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2721 RUNYON CIR.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-2938195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, ROBERT W
1515 INTERNATIONAL PARKWAY
SUITE 1001
LAKE MARY, FL 32746 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: MGR () Delete
Name: LUCAS, MARK
Address: 2721 RUNYON CIR.
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: HAJESKI, WILLIAM
Address: 9160 LAKE BURKETT DR.
City-St-Zip: ORLANDO, FL 32817

Title: MGR () Delete
Name: WOLFE, ROBERT W
Address: 1515 INTERNATIONAL PARKWAY STE. 1001
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HAJESKI, LORRAINE
Address: 9160 LAKE BURKETT DR.
City-St-Zip: ORLANDO, FL 32817

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: MARK LUCAS

MGR

02/11/2007

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