

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085658

1. Entity Name
HAMMOCK DUNES REAL ESTATE COMPANY, LLC



Principal Place of Business

2 CAMINO DEL MAR
PALM COAST, FL 32137

Mailing Address

2 CAMINO DEL MAR
PALM COAST, FL 32137



03012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3383223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENDLETON, TERRY G
2 CAMINO DEL MAR
PALM COAST, FL 32137

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PENDLETON, TERRY G
2 CAMINO DEL MAR
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOWNES, JOYCE C
2 CAMINO DEL MAR
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JACOBS, DAVID M
2 CAMINO DEL MAR
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PENDLETON, TERRY G
2 CAMINO DEL MAR
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMB
H.D. ASSOCIATES, L.P.
3401 ARMSTRONG AVENUE
DALLAS, TX 75205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000657373
03/14/07-80064-024 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #