# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 25, 2009**
**Secretary of State**

DOCUMENT# L05000085658

**Entity Name:** HAMMOCK DUNES REAL ESTATE COMPANY, LLC

**Current Principal Place of Business:**

2 CAMINO DEL MAR
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

2 CAMINO DEL MAR
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number: 20-3383223** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JACOBS, DAVID M
2 CAMINO DEL MAR
PALM COAST, FL 32137 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: | P | ( ) Delete |
| Name: | JACOBS, DAVID M | |
| Address: | 2 CAMINO DEL MAR | |
| City-St-Zip: | PALM COAST, FL 32137 | |
| Title: | VP | ( ) Delete |
| Name: | COLEE, STERLING D | |
| Address: | 2 CAMINO DEL MAR | |
| City-St-Zip: | PALM COAST, FL 32137 | |
| Title: | MGR | ( ) Delete |
| Name: | JACOBS, DAVID M | |
| Address: | 2 CAMINO DEL MAR | |
| City-St-Zip: | PALM COAST, FL 32137 | |
| Title: | MEMB | ( ) Delete |
| Name: | H.D. ASSOCIATES, L.P., . | |
| Address: | 3401 ARMSTRONG AVENUE | |
| City-St-Zip: | DALLAS, TX 75205 US | |
| Title: | VP | ( ) Delete |
| Name: | BARNES, JUDITH A | |
| Address: | 2 CAMINO DEL MAR | |
| City-St-Zip: | PALM COAST, FL 32137 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: STERLING D. COLEE VP 02/25/2009

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