


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90223 020 \*\*\*\*50.00

<b>DOCUMENT # L05000110444</b> 1. Entity Name <b>CANE HAMMOCK GROVE, LLC</b>					
Principal Place of Business <b>1228 S.E. 20TH AVENUE OCALA, FL 34471</b>			Mailing Address <b>1228 S.E. 20TH AVENUE OCALA, FL 34471</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>10179 South Magnolia Ave.</b> Suite, Apt. #, etc.			
City & State		City & State <b>OCALA FL</b>			
Zip	Country	Zip <b>34476</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>MCLEOD, JOHN 1228 S.E. 20TH AVENUE OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 restateing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tom Trexler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>2-24-06</u> <u>352-732-5157</u> <small>Date Daytime Phone #</small>		

**TOM TREXLER**