


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 09, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000110444</b> 1. Entity Name CANE HAMMOCK GROVE, LLC	
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Principal Place of Business 1228 S.E. 20TH AVENUE OCALA, FL 34471	Mailing Address 10179 S MAGNOLIA AVE OCALA, FL 34476
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01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4243050	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  MCLEOD, JOHN 1228 S.E. 20TH AVENUE OCALA, FL 34471
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Tom Trexler Tom Trexler 1-5-07  
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**

U00000579951  
01/10/07-80027-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREXLER, TOM 10179 S MAGNOLIA AVE OCALA, FL 34476
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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: Tom Trexler 1-5-07 352- 732-5157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #