2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L05000110444

Entity Name: CANE HAMMOCK GROVE, LLC

Current Principal Place of Business:

1228 S.E. 20TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

16309 S E 212TH LANE
ISLAND GROVE, FL 32654

Current Mailing Address:

10179 S MAGNOLIA AVE
OCALA, FL 34476

New Mailing Address:

FEI Number: 20-4243050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TREXLER, TOM
10179 S MAGNOLIA AVE
OCALA, FL 34476 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: MGRM ( ) Delete
Name: TREXLER, TOM
Address: 10179 S MAGNOLIA AVE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

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: TOM TREXLER MGMR 01/08/2009

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