

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122501

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: POWELL HAMMOCK VENTURE, LLC

**Current Principal Place of Business:**

4052 ECONFINA RIVER RD  
LAMONT, FL 32336

**New Principal Place of Business:**

**Current Mailing Address:**

4052 ECONFINA RIVER RD  
LAMONT, FL 32336

**New Mailing Address:**

FEI Number: 26-0132446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACKAY, DAVID L  
2801 SOUTHWEST COLLEGE ROAD  
SUITE 9  
OCALA, FL 34474 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: MINEY, CHARLES F  
Address: 4052 ECONFINA RIVER RD  
City-St-Zip: LAMONT, FL 32336

Title: VP ( ) Delete  
Name: STEFANELLI, ROBERT JR  
Address: 4705 ECONFINA RIVER RD  
City-St-Zip: LAMONT, FL 32336

Title: S ( ) Delete  
Name: MAKCEY, GEORGE  
Address: 501 PAWNER TR  
City-St-Zip: MAITLAND, FL 32751

**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:

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: CHARLES MINCY

P

02/08/2009

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