2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000123543

1. Entity Name
HAMMOCK GROUP VENTURE, LLC



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

2406 N.W. 43RD STREET GAINESVILLE, FL 32606

Mailing Address

2406 N.W. 43RD STREET GAINESVILLE, FL 32606



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 43-2094962 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLITCH, RILEY M JR 2406 N.W. 43RD STREET GAINESVILLE, FL 32606

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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.

CICNIATUDE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 04/22/08-80048-022 143.75

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Y9类的,如果是是不是一种,MANAGING MEMBERS/MANAGERS NEEDS TO THE TOTAL TO THE TOTAL	
TITLE NOTE AND ADDRESS.	MGRM VETABLED TO LAST SELECTION TO
NAME	BLITCH, RILEY M
STREET ADDRESS	1818 NW 17TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM .
NAME	BLITCH, RILEY M JR
STREET ADDRESS	2236 NW 11TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	BOLDUC, E.J. III
STREET ADDRESS	1510 NW 30TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	BURGER, BRYCE A
STREET ADDRESS	5001 NW 102ND PL
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	MGRM
NAME	DAVIS, BUFORD O
STREET ADDRESS	2111 SW 44TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	WILLIAMS, HENRY
STREET ADDRESS	109 NE 22ND ST "
CIFY-ST-ZIP	GAINESVILLE, FL 32601 · · ·
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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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

D JAME OF SIGNING MANAGING MEMBER, OR AUTHO

4/8/08

352-276-4922

Date

Daytime Phone #