

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002922

FILED
Apr 11, 2007
Secretary of State

Entity Name: SANTE FE RIVER HAMMOCK, LLC

Current Principal Place of Business:

144 U.S. HIGHWAY 1
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

144 U.S. HIGHWAY 1
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, GERARD A
800 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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: ARSENAULT, GERARD A TRUSTEE
Address: 800 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: BELL, ROBERT
Address: 144 U.S. HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: NUGENT, MATTHEW
Address: 631 U.S. HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BELL, ROBERT TRUSTEE
Address: 144 U.S. HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J. ROBERT BELL II

MGRM

04/11/2007

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