2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# L06000022338

Entity Name: SOUTHBEACH HAMMOCKS LLC

Current Principal Place of Business:

12844 SW 210TH TER
MIAMI, FL 33177 US

New Principal Place of Business:

1111 LA SALINA CT
PUNTA GORDA, FL 33950 US

Current Mailing Address:

12844 SW 210TH TER
MIAMI, FL 33177 US

New Mailing Address:

1111 LA SALINA CT
PUNTA GORDA, FL 33950 US

FEI Number: 20-4700751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, LUIS A
12844 SW 210TH TER
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

KING, LUIS A
1111 LA SALINA CT
PUNTA GORDA, FL 33950 US

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: 01/31/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KING, LUIS A PRES.
Address: 12844 SW 210TH TER
City-St-Zip: MIAMI, FL 33177 US

Title: MGRM ( ) Delete
Name: KING, MINERVA VP
Address: 12844 SW 210TH TER
City-St-Zip: MIAMI, FL 33177 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KING, LUIS A PRES.
Address: 1111 LA SALINA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM (X) Change ( ) Addition
Name: KING, MINERVA VP
Address: 1111 LA SALINA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

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: LUIS A. KING PRES 01/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date