

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028060

Entity Name: HAMMOCK REALTY LLC

FILED  
May 05, 2008  
Secretary of State

**Current Principal Place of Business:**

744 E. BURGESS ROAD, STE. E 102  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

744 E. BURGESS ROAD, STE. E 102  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 20-4282760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HAMMOCK, TROY  
115 COUNTRI LANE  
CANTONMENT, FL 32533      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: HAMMOCK, TROY  
Address: 744 E. BURGESS ROAD, STE. E 102  
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Delete  
Name: STOKES, ROY R  
Address: 1131 CAMAREE PLACE  
City-St-Zip: PENSACOLA, FL 32534 US

**ADDITIONS/CHANGES:**

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: TROY HAMMOCK

MGRM

05/05/2008

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