

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031135

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** STORSAFE HAMMOCKS MANAGER LLC

**Current Principal Place of Business:**

444 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-4553277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: DE OLAZARRA, ALLEN C  
Address: 444 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: SOCOLSKY, SERGIO  
Address: 444 BRICKELL AVENUE, STE 900  
City-St-Zip: MIAMI, FL 33131

I hereby 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: ALLEN C. DE OLAZARRA

MGRM

01/21/2010

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