

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

02-25-2008 90140 006 ***138.75

DOCUMENT # L07000006336 1. Entity Name CUSBERLY HAMMOCK, LLC					
Principal Place of Business 101 N.E. 1ST AVE. OCALA, FL 34470			Mailing Address 101 N.E. 1ST AVE. OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 26-2262360				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02012008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent RUDNIANYN, MATTHEW 101 N.E. 1ST AVE. OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME RUDNIANYN, MATTHEW		<input type="checkbox"/> Delete		
STREET ADDRESS 101 N.E. 1ST AVE.	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	 		<input type="checkbox"/> Delete		
STREET ADDRESS 	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	 		<input type="checkbox"/> Delete		
STREET ADDRESS 	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	 		<input type="checkbox"/> Delete		
STREET ADDRESS 	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	 		<input type="checkbox"/> Delete		
STREET ADDRESS 	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Matthew Rudniansyn		2/1/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	