

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000001759

FILED
Nov 16, 2009
Secretary of State**Entity Name:** HAMMOCK CROSSING, LLC**Current Principal Place of Business:**6735 EDGEWORTH DRIVE
ORLANDO, FL 32819**New Principal Place of Business:**1520 WHITSTABLE COURT
LAKE MARY, FL 32746**Current Mailing Address:**6735 EDGEWORTH DRIVE
ORLANDO, FL 32819**New Mailing Address:**1520 WHITSTABLE COURT
LAKE MARY, FL 32746**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THORNE & STOREY, P.A.
212 PASADENA PLACE
SUITE A
ORLANDO, FL 32803 US**Name and Address of New Registered Agent:**FLICK, JAMES J
3700 SOUTH CONWAY ROAD
SUITE 100
ORLANDO, FL 32812 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: JAMES J FLICK

11/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MR () Delete
Name: TEAMAN, JASON T
Address: 6735 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: DORWORTH, CHRISTOPHER E
Address: 1520 WHITSTABLE COURT
City-St-Zip: LAKE MARY, FL 32746 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: CHRISTOPHER DORWORTH

MGR

11/16/2009

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