## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006105

Entity Name: THE ATHLETIC HAMMOCK LLC

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

301 MATTIE M KELLY BLVD 4168 WARD COVE DRIVE DESTIN, FL 32541 NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

PO BOX 22

SHALIMAR, FL 325790022

FEI Number: 20-8137936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOSTON, JAMES L
301 MATTIE M KELLY BLVD
DESTIN, FL 32541 US
BOSTON, JAMES L
4168 WARD COVE DRIVE
NICEVILLE, FL 32578 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: 01/20/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BOSTON, JAMES L
 Name:
 BOSTON, JAMES L

 Address:
 301 MATTIE M KELLY BLVD
 Address:
 4168 WARD COVE DRIVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 NICEVILLE, FL 32578

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 BOSTON, ANNA J
 Name:
 BOSTON, ANNA J

 Address:
 301 MATTIE M KELLY BLVD
 Address:
 4168 WARD COVE DRIVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 NICEVILLE, FL 32578

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: JAMES L. BOSTON MGRM 01/20/2009