2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L08000033866

Entity Name: BUD'S HAMMOCK, LLC

Current Principal Place of Business:

26003 ORANGE AVENUE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12909
FORT PIERCE, FL 349792909

New Mailing Address:

FEI Number: 30-0541088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEE, FRANK H III ESQ
500 VIRGINIA AVENUE, STE. 200
FORT PIERCE, FL 34982 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: ADAMS, MICHAEL L
Address: 25501 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ADAMS, MICHAEL L
Address: 26003 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: MGRM ( ) Change (X) Addition
Name: ADAMS, ALTO L JR.
Address: 26003 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

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: MICHAEL L. ADAMS MGRM 03/30/2009

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