

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000118013

FILED
Apr 07, 2009
Secretary of State

Entity Name: HAMMOCK TRACE PRESERVE DEVELOPMENT COMPANY II, LLC

Current Principal Place of Business:

300 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

300 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

Current Mailing Address:

300 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

300 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

FEI Number: 20-0538906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENCE, ROY J
300 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 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: MGR () Delete
Name: PENCE, ROY J
Address: 300 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: WOOD, GREGORY
Address: 300 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENCE, ROY J
Address: 300 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGRM (X) Change () Addition
Name: WOOD, GREGORY
Address: 300 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901 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: ROY J PENCE

MGR

04/07/2009

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