


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000525	
1. Entity Name HAMMOCK DUNES MARINA, L.C.	

Principal Place of Business 5478 OCEANSHORE BLVD. PALM COAST, FL 32137	Mailing Address P.O. BOX 350947 PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3323109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent INLENFELDT, KENNETH L 5478 OCEAN SHORE BOULEVARD PALM COAST, FL 32137

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IHLENFELDT, KENNETH L 5478 OCEANSHORE BLVD. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWERS, FRED W 8 CARLOS COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANDERSON, THOMAS R 31 ROEBLING ROAD BERNARDSVILLE, NJ 079241409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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