

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -3 AM 9:08

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		
2. Principal Place of Business 2 FLORIDA PARK DR N. Suite, Apt. #, etc.		3. Mailing Address 2 FLORIDA PARK DR N. Suite, Apt. #, etc.			
City & State Palm Coast FL		City & State Palm Coast FL		4. FEI Number 59-3323109	
Zip 32137		Country U.S.		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				7. Name and Address of New Registered Agent Name LEWERS, FRED W. Street Address (P.O. Box Number is Not Acceptable) 2 FLORIDA PARK DR. N. City Palm Coast FL Zip Code 32137	
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 9/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INLENFELDT, KENNETH L 5478 OCEANSHORE BLVD. PALM COAST, FL 32137	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060184949 10/03/05--01053--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWERS, FRED W 8 CARLOS COURT PALM COAST, FL 32137	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANDERSON, THOMAS R 31 ROEBLING ROAD BERNARDSVILLE, NJ 079241409	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				9/30/05 386-445-7000 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					