

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L95000000525	
1. Entity Name HAMMOCK DUNES MARINA, L.C.	
Principal Place of Business 2 FLORIDA PARK DR N PALM COAST, FL 32137	Mailing Address 2 FLORIDA PARK DR N PALM COAST, FL 32137



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3323109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWERS, FRED W
2 FLORIDA PARK DR N
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000761201
05/25/07-80046-002 50.00

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/30/07 386-445-7000
Date Daytime Phone #