

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90127 043 \*\*\*138.75

**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**

**00041000**



**DO NOT WRITE IN THIS SPACE**

02192008 No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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

**DO NOT WRITE  
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

**3/19/08**

Date

**386-445-7000**

Daytime Phone #