


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004312 1. Entity Name JOHN'S HAMMOCK, L.L.C.	
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Principal Place of Business 822 CENTRAL BLVD ORLANDO, FL 32805	Mailing Address 822 CENTRAL BLVD ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3595596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEE, FRANK H III ESQ 401-A SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

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02/14/05-80005-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLCOMB, A. KEITH JR 1115 W CENTRAL BLVD ORLANDO, FL 328051812
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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:  **2/10/05 407-849-0436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____

A. Keith Holcomb, Jr.