LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

03-25-2002 90168 033 ***105.00
L99000004436
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 28 PM 3:21

DOCUMENT # L99000004436

1. Entity Name
Hammock Construction Co. L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
21 Ocean Ridge Blvd. S. (Suite, Apt. #, etc.)	21 Ocean Ridge Blvd. S. (Suite, Apt. #, etc.)
City & State: Palm Coast, FL	City & State: Palm Coast, FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. FEI Number: 59-3609975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deborah K. Rogers

Street Address (P.O. Box Number is Not Acceptable): 21 Ocean Ridge Blvd. S.

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.

SIGNATURE: Deborah K. Rogers, President 3/12/02
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Pres. MGRM
NAME	Deborah K. Rogers
STREET ADDRESS	21 Ocean Ridge Blvd. S.
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	MGRM
NAME	William J. Rogers II
STREET ADDRESS	21 Ocean Ridge Blvd. S.
CITY-ST-ZIP	Palm Coast, FL 32137
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REINSTATEMENT 01-05
Ltr 5/28

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FF $200
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CR2E083B (12/01)

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: Deborah K. Rogers 3/12/02 386-446-4021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #