

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004436

1. Entity Name
HAMMOCK CONSTRUCTION COMPANY, L.L.C.



Principal Place of Business
**21 OCEAN RIDGE BLVD. S.
PALM COAST, FL 32137**

Mailing Address
**21 OCEAN RIDGE BLVD. S.
PALM COAST, FL 32137**



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3609975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, DEBORAH K
21 OCEAN RIDGE BLVD. S.
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, typewritten 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, 2008**

**U00000401413
02/02/06-80043-003 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROGERS, DEBORAH K
21 OCEAN RIDGE BLVD. S.
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROGERS, WILLIAM J II
21 OCEAN RIDGE BLVD. S.
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Overtime Phone #

WILLIAM J. ROGERS II 01-23-06
(986-446-4021)