2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# M03000002573

Entity Name: HAMMOCK BEACH III, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE, SUITE 200
CLEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE, SUITE 200
CLEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-0123374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINN, EDWARD R III
215 CELEBRATION PLACE, SUITE 200
CLEBRATION, FL 34747 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CONNIE BRYAN 04/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GINN, EDWARD R III
Address: 215 CELEBRATION PLACE, SUITE 200
City-St-Zip: CLEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MASTERS II, ROBERT F
Address: 1 HAMMOCK BEACH PARKWAY
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT F. MASTERS, II MGR 04/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date