

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000089

FILED
Jan 08, 2007
Secretary of State

Entity Name: WOODLAND HAMMOCK BEACH, LLC

Current Principal Place of Business:

24 WALPOLE PARK
SOUTH WALPOLE, MA 0081

New Principal Place of Business:

24 WALPOLE PARK SOUTH
WALPOLE, MA 02081

Current Mailing Address:

24 WALPOLE PARK
SOUTH WALPOLE, MA 0081

New Mailing Address:

24 WALPOLE PARK SOUTH
WALPOLE, MA 02081

FEI Number: 20-2071050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, SIDNEY D MR
20 MONTAUK LANE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

ROGERS, SIDNEY D MR
98 WESTLEE LANE
PALM COAST, FL 32164 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:

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHIPMAN, KENNETH
Address: 24 WALPOLE PARK
City-St-Zip: SOUTH WALPOLE, MA 02081

Title: MGRM () Delete
Name: ROGERS, SIDNEY D JR.
Address: 24 WALPOLE PARK
City-St-Zip: SOUTH WALPOLE, MA 02081

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHIPMAN, KENNETH
Address: 24 WALPOLE PARK SOUTH
City-St-Zip: WALPOLE, MA 02081

Title: MGRM (X) Change () Addition
Name: ROGERS, SIDNEY D JR.
Address: 24 WALPOLE PARK SOUTH
City-St-Zip: WALPOLE, MA 02081

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SIDNEY D ROGERS JR

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date