

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006757

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** GINN-HAMMOCK BEACH OCEAN GP, LLC

**Current Principal Place of Business:**

215 CELEBRATION PLACE, STE. 200  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

215 CELEBRATION PLACE, STE. 200  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DEMARTIN, CHARLES P  
ONE HAMMOCK BEACH PARKWAY  
PALM COAST, FL 32137 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: CHARLES P. DEMARTIN

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MASTERS, ROBERT F  
Address: 215 CELEBRATION PLACE, STE. 200  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT F. MASTERS

MGR

04/12/2007

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