

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP -8 PM 1:45

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000001198

HAMMOCK BEACH RESORT CO., LLC
P.O. BOX 350584
PALM COAST FL 32135

1a. Principal Place of Business Address

9 MADEIRA COURT
PALM COAST FL 32135

2. Principal Place of Business 12 Office Park Drive Suite, Apt. #, etc. Unit B City & State Palm Coast, FL Zip 32137	2a. Mailing Address 3343 Peachtree Road, NE Suite, Apt. #, etc. Suite 1600 City & State Atlanta, GA Zip 30326	3. Date Organized or Qualified 10/16/1998	3a. State of Formation GA
Country USA	Country USA	4. FEI Number 59-3536403	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(The Registered Agent's Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM MGR	GINN, EDWARD R Ginn Development Company, LLC	9 MADEIRA COURT 12 Office Park Drive, Unit B	PALM COAST FL 32137
			900002989289--1 -09/17/99--01003--011 ****188.75 ****188.75
			AL

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

Ginn Development Company

SIGNATURE: BY: 

Edward R. Ginn, Manager

8/30/99
904-446-8446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date:

Display Phone #

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VIA FEDERAL EXPRESS

Division of Corporations
Secretary of State
Florida Department of State
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Hammock Beach Resort Co., LLC and
Northshore GP, LLC

Dear Sir or Madam:

Enclosed are the 1999 Limited Liability Company Annual Registrations for the above-referenced limited liability companies. Also enclosed are two (2) checks, each payable to the Florida Department of State for the \$188.75 filing fees.

We have not included the \$400.00 late fee for each company, as we were advised by your office that the late fees could be waived, since these two Annual Registration forms, marked 2nd. and Final Notice, are the first Annual Registrations that we have seen for these companies.

Thank you for waiving the late fees and filing the Annual Registrations.

Very truly yours,



Edward R. Ginn
Manager of Hammock Beach Resort Co., LLC and
Northshore GP, LLC