

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000000117

FILED
Feb 18, 2002 8:00 AM
Secretary of State

Entity Name: HAMMOCK GP, LLC

Current Principal Place of Business:

5 BLUE HERON LANE
PALM COAST, FL 32137

New Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
SUITE 300
PALM COAST, FL 32137

Current Mailing Address:

5 BLUE HERON LANE
PALM COAST, FL 32137

New Mailing Address:

1 FLORIDA PARK DRIVE SOUTH
SUITE 300
PALM COAST, FL 32137

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GINN, EDWARD R
Address: 5 BLUE HERON LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: ADLER, DEAN S
Address: 1811 CHESTNUT STREET, SUITE 800
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GINN, EDWARD R III
Address: 1 FLORIDA PARK DRIVE SOUTH, SUITE 300
City-St-Zip: PALM COAST, FL 32137

Title: MGR (X) Change () Addition
Name: ADLER, DEAN S
Address: 1811 CHESTNUT STREET, 8TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

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: EDWARD R. GINN, III

MGR

02/18/2002

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