

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # M99000000150

1. Entity Name
HAMMOCK BEACH REAL ESTATE CO., LLC

Principal Place of Business	Mailing Address
3343 PEACHTREE ROAD NE, SUITE 1600 ATLANTA GA 30326	3343 PEACHTREE ROAD NE, SUITE 1600 ATLANTA GA 30326

2. Principal Place of Business	3. Mailing Address
6 BLUE HERON LANE Suite, Apt. #, etc.	5 BLUE HERON LANE Suite, Apt. #, etc.

City & State	City & State
PALM COAST FL	PALM COAST FL
Zip 32137	Country

4. FEI Number	Applied For
59-3556529	Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE 05/01/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GINN EDWARD R	
STREET ADDRESS	12 PALM HARBOR OFFICE PARK DR., UNIT B	
CITY-ST-ZIP	PALM COAST FL 32137	

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINN EDWARD R		
STREET ADDRESS	5 BLUE HERON LANE		
CITY-ST-ZIP	PALM COAST FL 32137		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 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.