


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90070 047 \*\*\*138.75

**DOCUMENT # L06000031135**

1. Entity Name  
**STORSAFE HAMMOCKS MANAGER LLC**



Principal Place of Business  
**444 BRICKELL AVENUE, STE. 900  
 MIAMI, FL 33131**

Mailing Address  
**444 BRICKELL AVENUE, STE. 900  
 MIAMI, FL 33131**

**60019283**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**20-4553277**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**DUNNE, LORRI L  
 444 BRICKELL AVENUE  
 SUITE 900  
 MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

**Jude M. Williams  
 444 Brickell Avenue Suite 900  
 Miami, FL 33131**

**L** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Allen L. Olazarra* DATE: 02/21/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE OLAZARRA, ALLEN C 444 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOCOLSKY, SERGIO 444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Allen L. Olazarra* (Authorized Rep.) DATE: 02/28/08 DAYTIME PHONE: 305.995.9998

SIGNATURE AND LEGAL PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE