

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031135

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: STORSAFE HAMMOCKS MANAGER LLC

**Current Principal Place of Business:**

444 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-4553277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE OLAZARRA, ALLEN C  
Address: 444 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: SOCOLSKY, SERGIO  
Address: 444 BRICKELL AVENUE, STE 900  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALLEN C DE OLAZARRA      MGRM      01/08/2009

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