

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031135

**FILED**  
**Apr 25, 2012**  
**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:**

3225 AVIATION AVENUE  
SUITE 601  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3225 AVIATION AVENUE, SUITE 601  
COCONUT GROVE, FL 33133

**New Mailing Address:**

3225 AVIATION AVENUE  
SUITE 601  
COCONUT GROVE, FL 33133

FEI Number: 20-4553277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOCOLSKY, SERGIO  
3225 AVIATION AVENUE, SUITE 601  
COCONUT GROVE, FL 33133 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  
Name: DE OLAZARRA, ALLEN C  
Address: 3225 AVIATION AVENUE, SUITE 601  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM  
Name: SOCOLSKY, SERGIO  
Address: 3225 AVIATION AVENUE, SUITE 601  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 DE OLAZARRA

MGRM

04/25/2012

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