2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# L05000055362

Entity Name: HAMMER LEASING SERVICES, LLC

Current Principal Place of Business:

601 N. DEL PRADO
SUITE #8
CAPE CORAL, FL 33909 22

New Principal Place of Business:

Current Mailing Address:

601 N. DEL PRADO
SUITE #8
CAPE CORAL, FL 33909 22

New Mailing Address:

FEI Number: 20-2978571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENMARK, KELLY
601 N. DEL PRADO
SUITE #8
CAPE CORAL, FL 33909 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: DENMARK, KELLY
Address: 601 N. DEL PRADO # 8
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM ( ) Delete
Name: DENMARK, LAWRENCE
Address: 601 N. DEL PRADO # 8
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM ( ) Delete
Name: CHAIKA, WILLIAM
Address: 16409 WINDSOR PK. DR.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: CHAIKA, WILLIAM
Address: 14027 IMAGE LAKE COURT
City-St-Zip: FORT MYERS, FL 33907

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: WILLIAM CHAIKA CFO 01/29/2008

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