2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A01000000987 **DOCUMENT #**

1. Entity Name

HAMMER CONSTRUCTION SERVICES LTD.



Principal Place of Business 1526 SE 16TH PLACE #A CAPE CORAL FL 33990-3851

2. Principal Place of Business

Mailing Address
1526 SE 16TH PLACE #A CAPE CORAL FL 33990-3851

3. Mailing Address

03 JUN 11 PM 2:21

AHPRUME.

AND

SECREMARY OF STATE FAUGAHASSEE, FUORIDA



611		rcct	611 SE 11	STreet			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
Cape		FL	City & State Cape Co	ral FL	4. FEI Number 65-1118879	Applied For Not Applicable	
Zip 3399		SA	Zip 33990	Country US A		8.75 Additional see Required '	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
DENMARK, KELLY				Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)		
- 11809 ROYAL TEE CT				Siriot Addition	direct Address (1.9. Box Number is that Acceptable)		
CAPE CORAL FL 33991							
•				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
			10. Amount of Capital in FLORIDA to date				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.	10774			13.	ADDRESS CHANGES ONLY		
NAME				STREET ADDRESS	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1526 SE 16TH PLACE #A CAPE CORAL FL 33990-3851			CITY-ST-ZIP	700017838137		
DOCUMENT # NAME				STREET ADDRESS	05/01/0301062023 **	* 52.50	
STREET ADDRESS CITY-ST-ZIP	,			CITY-ST-ZIP			
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14. I hereby of	certify that the information	supplied with this	filing does not qualify for the	ne exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certifmade under oath: that I am a General Partner of the	that the information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: