2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2007
Secretary of State

DOCUMENT# L00000002354

Entity Name: HAMMERHEAD CARPENTRY, L.L.C.

Current Principal Place of Business:

814 S.E. 46TH LANE
SUITE #2
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

814 S.E. 46TH LANE
SUITE #2
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0986473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HODGE, LEWIS T
3512 SE 1ST AVE.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

NINKOVICH, BRAD R
1919 S.W. 48TH LANE
CAPE CORAL, FL 33914 US

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: BRAD R NINKOVICH 06/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HODGE, LEWIS T
Address: 3512 SE 1ST AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: NINKOVICH, BRAD R
Address: 1919 S.W. 48TH LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NINKOVICH, BRAD R
Address: 1919 S.W. 48TH LANE
City-St-Zip: CAPE CORAL, FL 33914

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: BRAD R NINKOVICH RA 06/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date