


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013425 1. Entity Name HAMMOND ASSOCIATES, LLC	
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Principal Place of Business 780 WIGGINS BAY DR. NAPLES, FL 34110	Mailing Address 780 WIGGINS BAY DR. NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE

(L00000013425)

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3725421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M
780 WIGGINS BAY DR.
NAPLES, FL 34110

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000141696
04/30/04-80021-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMOND, JAMES M 780 WIGGINS BAY DR. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMOND, MARY A 780 WIGGINS BAY DR. NAPLES, FL 34110
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: J.M. Hammond 4/26/04 (239) 997-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #