2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011887

1. Entity Name
HAMMERMAN & STRICKLAND, LLC

Principal Place of Business	Mailing Address
3601 MADACA LANE	3601 MADACA LANE
TAMPA, FL 33618	TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

01272004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
54-1680770		Not Applicable

5. Certificate of Status Desired	☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMERMAN, HOWARD A
3601 MADACA LANE
TAMPA, FL 33618

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAMMERMAN, HOWARD A
STREET ADDRESS	3601 MADACA LANE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	MGRM
NAME	STRICKLAND, JAMES M
STREET ADDRESS	3601 MADACA LANE
CITY-ST-ZIP	TAMPA, FL 33618

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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.Strickland_   J.M. STRICKLAND   1/27/04   813 265-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #