2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# L01000011887

Entity Name: HAMMERMAN & STRICKLAND, LLC

Current Principal Place of Business:

3601 MADACA LANE
TAMPA, FL 33618

New Principal Place of Business:

18544 DALE MABRY HWY N
LUTZ, FL 33548

Current Mailing Address:

3601 MADACA LANE
TAMPA, FL 33618

New Mailing Address:

18544 DALE MABRY HWY N
LUTZ, FL 33548

FEI Number: 54-1680770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMMERMAN, HOWARD A
3601 MADACA LANE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

HAMMERMAN, HOWARD A
18544 DALE MABRY HWY N
LUTZ, FL 33548 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: 02/16/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HAMMERMAN, HOWARD A
Address: 3601 MADACA LANE
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete
Name: STRICKLAND, JAMES M
Address: 3601 MADACA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAMMERMAN, HOWARD A
Address: 18544 DALE MABRY HWY N
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Change ( ) Addition
Name: STRICKLAND, JAMES M
Address: 18544 DALE MABRY HWY N
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES M STRICKLAND MGRM 02/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date