

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015994

FILED  
Feb 16, 2005  
Secretary of State

**Entity Name:** HAMMERMAN & STRICKLAND SECURITIES, 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:** 59-3757193

**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 MICHAEL  
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 MICHAEL  
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 MICHAEL STRICKLAND

MGRM

02/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date