

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030363

FILED
Jan 13, 2005
Secretary of State

Entity Name: HAMMER INVESTMENTS, LLC

Current Principal Place of Business:

5944 MASTERS BLVD
ORLANDO, FL 32819

New Principal Place of Business:

480 N. ORLANDO AVE
#218
WINTER PARK, FL 32789

Current Mailing Address:

5944 MASTERS BLVD
ORLANDO, FL 32819

New Mailing Address:

480 N. ORLANDO AVE
#218
WINTER PARK, FL 32789

FEI Number: 05-0542043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASSAR, MARK R
5944 MASTERS BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

KASSAR, MARK R
480 N. ORLANDO AVE
#218
WINTER PARK, FL 32789 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:

01/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KASSAR, MARK R
Address: 5944 MASTERS BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: KASSAR, NICOLA J
Address: 5944 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KASSAR, MARK R
Address: 480 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change () Addition
Name: KASSAR, NICOLA J
Address: 480 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

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: MARK KASSAR

MR

01/13/2005

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