

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011419

FILED
Apr 09, 2005
Secretary of State

Entity Name: HAMK LLC

Current Principal Place of Business:

613 S. 2ND AVENUE
LIBERTYVILLE, IL 60048

New Principal Place of Business:

340 CAMELOT DR
FAYETTEVILLE, GA 30214

Current Mailing Address:

613 S. 2ND AVENUE
LIBERTYVILLE, IL 60048

New Mailing Address:

340 CAMELOT DR
FAYETTEVILLE, GA 30214

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

Name and Address of Current Registered Agent:

LAUFENBERG, DAVID
2933 FARRINGTON STREET
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LANGEHOUGH, STEVEN O
Address: 613 S. 2ND AVENUE
City-St-Zip: LIBERTYVILLE, IL 60048

Title: MGRM () Delete
Name: MORRISON-LANGEHOUGH, BRIDGET J
Address: 613 S. 2ND AVENUE
City-St-Zip: LIBERTYVILLE, IL 60048

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANGEHOUGH, STEVEN O
Address: 340 CAMELOT DR
City-St-Zip: FAYETTEVILLE, GA 30214

Title: MGRM (X) Change () Addition
Name: MORRISON-LANGEHOUGH, BRIDGET J
Address: 340 CAMELOT DR
City-St-Zip: FAYETTEVILLE, GA 30214

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: STEVEN O. LANGEHOUGH MGRM 04/09/2005

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