2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2008
Secretary of State

DOCUMENT# L03000041663

Entity Name: LAMMER #1, LLC

Current Principal Place of Business:

5119 TREAHNA ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5119 TREAHNA ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 27-0073370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMMER, BRIAN S
5119 TREAHNA ROAD
PENSACOLA, FL 32526 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LAMMER, BRIAN S
Address: 5119 TREAHNA ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: MGR ( ) Delete
Name: LAMMER, TIMOTHY A
Address: 2888 BURTCH ROAD
City-St-Zip: GRASS LAKE, MI 49240

Title: MGR ( ) Delete
Name: LAMMER, CHRISTOPHER J
Address: 3706 GLEN WAY
City-St-Zip: EAU CLAIRE, WI 54701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: LAMMER, CHRISTOPHER J
Address: 1619 JOHNSON STREET
City-St-Zip: LOGANSPORT, IN 46947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHER LAMMER MGR 03/15/2008

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