

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041663

FILED
Jun 26, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMMER, BRIAN S
5119 TREAHNA ROAD
PENSACOLA, FL 32526 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: _____

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: 1619 JOHNSON STREET
City-St-Zip: LOGANSPOUT, IN 46947

ADDITIONS/CHANGES:

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

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

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

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

06/26/2009

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