

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011513

Entity Name: HAMMER CONSTRUCTION LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1506 DORY LANE
SOUTHPORT, FL 32409 US

New Principal Place of Business:

Current Mailing Address:

1506 DORY LANE
SOUTHPORT, FL 32409 US

New Mailing Address:

FEI Number: 05-0596955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

LOCHER, RICHARD B MGRM
1506 DORY LANE
SOUTHPORT, FL 32409 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: RICHARD B LOCHER

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOCHER, RICHARD B
Address: 1506 DORY LANE
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MGRM () Delete
Name: LOCHER, TIMOTHY
Address: 1506 DORY LANE
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MGRM () Delete
Name: JACKSON, WILLIAM
Address: 1506 DORY LANE
City-St-Zip: SOUTHPORT, FL 32409 US

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 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: RICHARD B LOCHER

MGRM

04/26/2005

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