

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015425

FILED
Apr 29, 2005
Secretary of State

Entity Name: HAMMER POINT, LLC

Current Principal Place of Business:

5951 N.W. 151ST STREET, SUITE 103
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5951 N.W. 151ST STREET, SUITE 103
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-0783113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, PEDRO M
5951 N.W. 151ST STREET, SUITE 103
MIAMI LAKES, FL 33014 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: MGR () Delete
Name: TORRES, PEDRO M
Address: 5951 N.W. 151ST STREET, SUITE 103
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: TORRES, HERLINA
Address: 5951 N.W. 151ST STREET, SUITE 103
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM () Delete
Name: JAV INVESTMENTS, LLC,
Address: 5951 N.W. 151ST STREET, SUITE 103
City-St-Zip: MIAMI LAKES, FL 33014

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: HERLINA TORRES

MGR

04/29/2005

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