## FILED May 22, 2007 8:00 am Secretary of State 03-30-2007 90035 016 \*\*\*\*50.00

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## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035430  1. Entity Name HUMMER LAND, LLC							~ o <b>A</b>	8 <i>1</i> !	
Principal Place of Business 19 N BOULEVARD OF THE PRESIDENTS SUITE 405 605 SARASOTA, FL 34236 US			Mailing Address  19 N BOULEVARD OF THE PRESIDENTS SUITE 495 605 SARASOTA, FL 34236 US		THE METERS OF THE STATE AND THE PARTY OF THE STATE OF TH				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03022007 Chg-LLC CR2E083 (12/06)			
City & State			City & State			4. FEI Number Applied For 20-2571059 Not Applicable			
Zip		Country	Zip	Country			a of Status Desired	□ \$5.00 Ad Fee Require	
	6. Name	and Address of Current F	legistered Agent			7. Name an	بر همانه مع الأساد D.		
MERRITT, 19 N BOUI SUITE 405 SARASOT	_ Da _ Th _ 50	rvid M Silberstein the Plaza Bldg Central Ave, Ste 700 trasota, FL 34236  Zip Code							
8. 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. I am familiar with, and accept									
the obligations of registered about.  SIGNATURE Signature. Made or printing plane of registered agent and title 4 applicable (NOTE: Registered Agent signature required when remaining)  DATE									
Filing Fee is \$50.00 Due by May 1, 2007								check payable to Department of Stat	be
9.		MANAGING MEMBER	RS/MANAGERS	10.	<del>-</del>		ADDITIONS/C	CHANGES	
TITLE .	MGRM	, DDIAM	Delete	TITLE NAME	MGR	ot v		Change	Addition
STHEET ADDRESS CITY-ST-ZIP	19 N BOL	JLÉVARD OF THE PRES TA, FL 34236			19 N.	: Gitlin Blvd of the F ota, FL 34236	residents, #605		
MLE	MGRM		☐ Delete TITLE		T			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		T, LYNDA JLEVARD OF THE PRES TA, FL 34236	SIDENTS, SUITE 405	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	MGRM 🔼 Delete			TITLE				Change	Addition
NAME STREET ADDRESS	•	/AY, JOE R 'D OF THE PRESIDENT:	S #605	NAME STREET ADDRESS	-				ļ
CITY-ST-ZIP	ł .	TA, FL 34238		CITY-ST-ZIP					
TITLE			C Delete	ILLE				☐ Clange	Addition
NAME STREET ADORESS				name Street address					
CITY-ST-ZIP			<del></del>	CITY-S1-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY+ST-ZIP					
TITLE .			☐ Delete	TITLE				☐ Change	Addition
NAME	1			NAME				_ •	_
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY+ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is trips and apcurate and that my 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 tripse-empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  3/3/07  941-955-3434									
SIGNATURE:  SETMETURE AND THEN OR BESTETS HAME OF BUSINESS MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER OF BUSINESS MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dots  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dotter Dover Description and Description MANAGER MANAGER OR AUTHORISED REPRESENTATIVE  Dotter Dover Description AUTHORISED REPRESENTATIVE  Dotter DESCRIPTION AUTHO									