
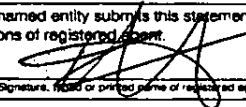
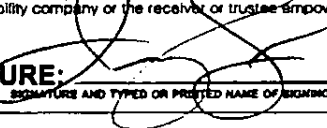


FILED
May 22, 2007 8:00 am
Secretary of State

03-30-2007 90035 016 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/3

DOCUMENT # L04000035430			
1. Entity Name HUMMER LAND, LLC			
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 405 605 SARASOTA, FL 34236 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2571059		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRITT, BRIAN 19 N BOULEVARD OF THE PRESIDENTS SUITE 405 SARASOTA, FL 34236		7. Name and Address of New Designated Agent David M Silberstein The Plaza Bldg 50 Central Ave, Ste 700 Sarasota, 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 agent. SIGNATURE  DATE 5/14/07 <small>(NOTE: Registered Agent signature required when re-nominating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRITT, BRIAN 19 N BOULEVARD OF THE PRESIDENTS, SUITE 405 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Irving Gitlin 19 N. Blvd of the Presidents, #605 Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRITT, LYNDA 19 N BOULEVARD OF THE PRESIDENTS, SUITE 405 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLOWAY, JOE R 19 N BLVD OF THE PRESIDENTS #605 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  Irving Gitlin		Date 3/27/07 941-955-2424	