## 2008 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR

## **FILED ANNUAL REPORT** Jan 24, 2008 08:00 A Secretary of State **DOCUMENT # L04000053128** 1. Entity Name HAMMET FAMILY LLC Principal Place of Business Mailing Address 3797 INDIAN TRAIL 3797 INDIAN TRAIL DESTIN, FL 32541 DESTIN, FL 32541 CR2E083 (12/07) 01202008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-1391969 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAMMET, BEN H JR 3797 INDIAN TR DESTIN, FL 32541 IN THIS SPACE 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. The Angles Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE HAMMET MANAGEMENT LLC NAME STREET ADDRESS 3797 INDIAN TRAIL DESTIN, FL 32541 CITY-ST-ZIP U00000794567 TITLE 01/28/08-80013-005 138.75 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE