


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90084 039 ****50.00

DOCUMENT # L04000053621					
1. Entity Name HAMMET MANAGEMENT LLC					
Principal Place of Business 3797 INDIAN TRAIL DESTIN, FL 32541			Mailing Address 3797 INDIAN TRAIL DESTIN, FL 32541		
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 20-1392054	
6. Name and Address of Current Registered Agent WELCH, STEVEN T 36468 EMERALD COAST PKWY SUITE 2201 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name <u>Ben H Hammet Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3797 Indian Trail</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32541</u>	
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 <u>Ben H Hammet Jr.</u> <u>Ben H Hammet Jr.</u> <u>1-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR HAMMET, BEN H JR. 3797 INDIAN TRAIL DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ben H Hammet Jr. 3797 Indian Trail Destin, FL 32541
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u>Ben H Hammet Jr.</u> <u>Ben H Hammet Jr.</u> <u>1-27-07</u> <u>850-837-8301</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



01272007 Chg-LLC CR2E083 (12/06)