

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065982

FILED  
Aug 13, 2008  
Secretary of State

Entity Name: HAMMOND INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

14043 ARBOR KNOLL CIRCLE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

14043 ARBOR KNOLL CIRCLE  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 20-1549375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAMMOND, EDRINA L  
14043 ARBOR KNOLL CIRCLE  
TAMPA, FL 33625      US

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAMMOND, EDRINA L  
Address: 14043 ARBOR KNOLL CIRCLE  
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete  
Name: HAMMOND, KENNETH G III  
Address: 14043 ARBOR KNOLL CIRCLE  
City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HAMMOND, KENNETH G III  
Address: 14043 ARBOR KNOLL CIRCLE  
City-St-Zip: TAMPA, FL 33625

Title: MGR ( ) Change (X) Addition  
Name: HAMMOND, TINIKA L  
Address: 7625 WOOD VIOLET DRIVE  
City-St-Zip: GIBSONTOWN, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDRINA HAMMOND

MGR

08/13/2008

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