


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90032 034 \*\*\*\*50.00

<b>DOCUMENT # L05000036864</b>	
1. Entity Name <b>ARDINGER - HAMMOCK, LLC</b>	

Principal Place of Business <b>13044 GORDON CIRCLE HAGERSTOWN, MD 21742</b>	Mailing Address <b>13044 GORDON CIRCLE HAGERSTOWN, MD 21742</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>SAME</b>	3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>
City & State <b>SAME</b>	City & State <b>SAME</b>
Zip <b>SAME</b>	Country <b>SAME</b>

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number **88**  
**20-2502028**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>DAVIS, RICHARD T 901 N. OLIVE AVENUE WEST PALM BEACH, FL 33401</b>	
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7. Name and Address of New Registered Agent Name <b>SAME</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b>	
City <b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARDINGER, DON P 13044 GORDON CIRCLE HAGERSTOWN, MD 21742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARDINGER, SUSAN L 13044 GORDON CIRCLE HAGERSTOWN, MD 21742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAME</b> <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
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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:** Don P. Arding **4-10-06** **797-2077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #