

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036864

Entity Name: ARDINGER - HAMMOCK, LLC

FILED
Jul 29, 2007
Secretary of State

Current Principal Place of Business:

13044 GORDON CIRCLE
HAGERSTOWN, MD 21742

New Principal Place of Business:

13012 HAWKINS CIRCLE
HAGERSTOWN, MD 21742

Current Mailing Address:

13044 GORDON CIRCLE
HAGERSTOWN, MD 21742

New Mailing Address:

13012 HAWKINS CIRCLE
HAGERSTOWN, MD 21742

FEI Number: 20-2682828 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:

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ARDINGER, DON P
Address: 13044 GORDON CIRCLE
City-St-Zip: HAGERSTOWN, MD 21742 US

Title: MGRM (X) Delete
Name: ARDINGER, SUSAN L
Address: 13044 GORDON CIRCLE
City-St-Zip: HAGERSTOWN, MD 21742 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARDINGER, DON P
Address: 13012 HAWKINS CIRCLE
City-St-Zip: HAGERSTOWN, MD 21742 US

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

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: DON P. ARDINGER

MGRM

07/29/2007

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