

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90067 031 \*\*\*138.75

DOCUMENT # L05000048526					
1. Entity Name HAMMCO, LLC					
Principal Place of Business P. O. BOX 593688 ORLANDO, FL 32859			Mailing Address P. O. BOX 593688 ORLANDO, FL 32859		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01212008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-2844272	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAILES, JESS D 8989 SOUTH ORANGE AVE. ORLANDO, FL 32824				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILES, JESS D			NAME	
STREET ADDRESS	P. O. BOX 593688			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32859			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUYKENDALL, JOHN M			NAME	
STREET ADDRESS	591 DOMMERICH DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	
TITLE	<del>MGRM</del>	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GRINDSTAFF, MICHAEL J</del>			NAME	<b>MGRM GARDNER, CHRISTOPHER B.</b>
STREET ADDRESS	<del>1900 FAWSETT ROAD</del>			STREET ADDRESS	<b>4508 BELKIN COURT</b>
CITY-ST-ZIP	<del>WINTER PARK, FL 32789</del>			CITY-ST-ZIP	<b>ORLANDO, FL 32814</b>
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDWIG, BARRY J			NAME	
STREET ADDRESS	765 QUEENS HARBOR BLVD.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
SIGNATURE: <u><i>John D. Davis</i></u>				Date: <u>1/29/08</u> 407-851-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	