2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048526

765 QUEENS HARBOR BLVD.

JACKSONVILLE, FL 32225

Address:

City-St-Zip:

Entity Name: HAMMCO, LLC

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 593688 ORLANDO, FL 32859 **Current Mailing Address: New Mailing Address:** P. O. BOX 593688 ORLANDO, FL 32859 FEI Number: 20-2844272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAILES, JESS D 8989 SÓUTH ORANGE AVE. ORLANDO, FL 32824 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BAILES, JESS D Name: Name: P. O. BOX 593688 Address: Address: City-St-Zip: ORLANDO, FL 32859 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: KUYKENDALL, JOHN M Name: Address: 591 DOMMERICH DRIVE Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GARDNER, CHRISTOPHER B Name: Name: Address: 4508 BELKIN CT Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ZEIDWIG, BARRY J Name:

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.

Address:

City-St-Zip:

SIGNATURE: JESS D. BAILES MGRM 01/05/2009