

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90026 016 \*\*\*\*50.00

<b>DOCUMENT # L05000104684</b> 1. Entity Name <b>WHAMMERS, LLC</b>					
Principal Place of Business <b>3600 NW 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606</b>			Mailing Address <b>3600 NW 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CHAMBERLAIN, STEVEN M 618 NE FIRST STREET GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>Waldemar F. Kissel Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3600 NW 43rd Street C-1</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</b>	
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 <u><i>Waldemar F. Kissel Jr.</i></u> <b>Waldemar F. Kissel Jr.</b> <b>4/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KISSEL, WALDEMAR F JR. 3600 NW 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606</b> <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.					
<b>SIGNATURE:</b> <u><i>Waldemar F. Kissel Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			<b>4/27/06</b> <small>Date Daytime Phone #</small>		

30010501



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☐ Applied For ☒ Not Applicable

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