

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


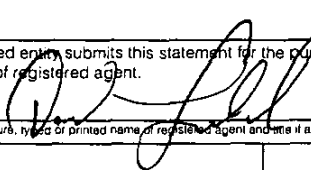
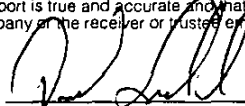
FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 002 ****50.00

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01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000009729			
1. Entity Name HAMMERHEAD HOME IMPROVEMENTS LLC			
Principal Place of Business 2616 VERGIE COURT TALLAHASSEE, FL 32303		Mailing Address 2616 VERGIE COURT TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # 759 BASIM ST Suite, Apt. #, etc. APT 9 City & State TALLAHASSEE FL		3. Mailing Address 759 BASIM ST Suite, Apt. #, etc. APT 9 City & State TALLAHASSEE FL	
Zip FL 32304		Country U.S.	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEPULVEDA, DANIEL 2616 VERGIE COURT TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name DANIEL SEPULVEDA Street Address (P.O. Box Number is Not Acceptable) 759 BASIM ST. APT. 9 City TALLAHASSEE FL Zip Code 32304	
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 1-15-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEPULVEDA, DANIEL 2616 VERGIE COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEPULVEDA, DANIEL 759 BASIM ST APT 9 TALLAHASSEE FL 32304 <input checked="" 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: 		DATE 1-15-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	