


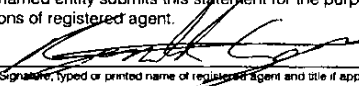
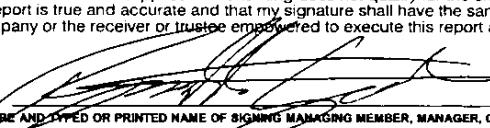
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90031 021 ****55.00

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DOCUMENT # L06000019293			
1. Entity Name HAMMERHEAD LLC			
Principal Place of Business 9735 BLUESTONE CIRCLE FORT MEYERS, FL 33913 US		Mailing Address 9735 BLUESTONE CIRCLE FORT MEYERS, FL 33913 US	
2. Principal Place of Business - No P.O. Box # 453 Hedgewood St. Suite, Apt. #, etc.		3. Mailing Address 453 Hedgewood St. Suite, Apt. #, etc.	
City & State LEhigh Acres, FL Zip 33974 Country LEE		City & State LEhigh Acres, FL Zip 33974 Country LEE	
4. FEI Number 20-4367460		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		07312007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent AYALA, REYNALDO 9735 BLUESTONE CIRCLE FORT MEYERS, FL 33913		7. Name and Address of New Registered Agent Name AYALA REYNALDO Street Address (P.O. Box Number is Not Acceptable) 453 Hedgewood St. City LEhigh Acres FL Zip Code 33974	
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 7-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REYNALDO, AYALA 9735 BLUESTONE CIRCLE FORT MEYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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 7-27-07	Daytime Phone # 239-820-8652