

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90020 014 \*\*\*138.75

DOCUMENT # L07000010320					
<b>1. Entity Name</b> HUMMER PROPERTIES, LLC					
<b>Principal Place of Business</b> 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716			<b>Mailing Address</b> 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716		
<b>2. Principal Place of Business - No P.O. Box #</b> 11001 DANKA WAY N.		<b>3. Mailing Address</b> 11001 DANKA WAY N.			
Suite, Apt. #, etc. UNIT #3		Suite, Apt. #, etc. UNIT #3			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL			
Zip 33716		Country USA		01042008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-8448329				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  HUMBARGER, JUDY K 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716			<b>7. Name and Address of New Registered Agent</b> Name: JUDY K. HUMBARGER Street Address (P.O. Box Number is Not Acceptable) 11001 DANKA WAY N. UNIT #3 City: ST. PETERSBURG    FL    Zip Code: 33716		
<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.</b> SIGNATURE: <i>Judy K. Humberger</i> JUDY K. HUMBARGER    1-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMBARGER, JUDY K 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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: <i>Judy K. Humberger</i> JUDY K. HUMBARGER    1-7-08    727-520-7711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date    Daytime Phone #		

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