

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019533

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** CHRISTOPHER D HAMILTON ENTERPRISES, LLC

**Current Principal Place of Business:**

1715 WEST LAKEVIEW AVENUE  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

3391 STODDARD RD.  
PENSACOLA, FL 32526 US

**Current Mailing Address:**

1715 WEST LAKEVIEW AVENUE  
PENSACOLA, FL 32501 US

**New Mailing Address:**

3391 STODDARD RD.  
PENSACOLA, FL 32526 US

FEI Number: 16-1619331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMILTON, CHRISTOPHER D  
1715 WEST LAKEVIEW AVENUE  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

HAMILTON, CHRISTOPHER D  
3391 STODDARD RD.  
PENSACOLA, FL 32526 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: CHRISTOPHER D. HAMILTON

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HAMILTON, CHRISTOPHER D MR.  
Address: 1715 WEST LAKEVIEW AVENUE  
City-St-Zip: PENSACOLA, FL 32501 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HAMILTON, CHRISTOPHER D MR.  
Address: 3391 STODDARD RD.  
City-St-Zip: PENSACOLA, FL 32526 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CHRISTOPHER D. HAMILTON

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date