


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90343 031 ****50.00

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1. Entity Name
HAMILTON DEVELOPMENT OF STEINHATCHEE, L.L.C.



60033770

Principal Place of Business Mailing Address
1725 NE 1ST AVE **PO BOX 474**
STEINHATCHEE, FL 32359 US **STEINHATCHEE, FL 32359 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-0841513 Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT, LINDA H
~~1725 NE 1ST AVE~~ **1725 NE 1st Ave.**
STEINHATCHEE, FL 32359

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 MGR Delete
 NAME BRYANT, LINDA H
 STREET ADDRESS PO BOX 474
 CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME BRYANT, WAYNE C
 STREET ADDRESS PO BOX 474
 CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME GRANT, IRENE
 STREET ADDRESS PO BOX 985
 CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Linda H. Bryant* *Linda H. Bryant* *3/28/07* *352-258-2220*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #