


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000018635

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



Principal Place of Business 1725 NE 1ST AVE STEINHATCHEE, FL 32359 US	Mailing Address PO BOX 474 STEINHATCHEE, FL 32359 US
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01252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0841513	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, LINDA H
 1725 NE AST AVE
 STEINHATCHEE, FL 32359**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYANT, LINDA H PO BOX 474 STEINHATCHEE, FL 32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYANT, WAYNE C PO BOX 474 STEINHATCHEE, FL 32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT, IRENE PO BOX 985 STEINHATCHEE, FL 32359
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 03/11/08-80054-023 138.75

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* **2/28/08** **352-378-2857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #