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DOCUMENT # A93000000649 1. Entity Name

HAMILTON EQUITIES, LTD.

Principal Place of Business

Mailing Address

5900 ENTERPRISE PARKWAY FORT MYERS FL 33905

5900 ENTERPRISE PARKWAY

FORT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 6700-1 Daniels Parkway 6700-1 Daniels Parkway Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Fort Myers, FL Zip

33912

Country USA 6. Name and Address of Current Registered Agent ~

Zip 33912

City & State

Fort Myers, FL

Country USA

4. FEI Number 65-0411388

FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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APR 23 AM 10: 47

5. Certificate of Status Desired

\$8.75 Additional П Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent

BUNDSCHU, CHRIS 5900 ENTEPRISE PARKWAY FORT MYERS FL 33905

Street Address (P.O. Box Number is Not Acceptable) 6700-1 Daniels Parkway

Name

City Fort Myers

Zip Code 33912

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.

9. Capital Contributions as Shown on record

\$236,200,00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	_
DOCUMENT # NAME	BUNDSCHU, CHRIS	STREET ADDRESS	6700-l Daniels Parkway	(11/00)
STREET ADDRESS	5900 ENTERPRISE PARKWAY FT. MYERS FL 33905	CITY-ST-ZIP	Fort Myers, FL 33912	CR2E003
	BUNDSCHU, GAYLE	STREET ADDRESS	6700-1 Daniels Parkway	క
	5900 ENTERPRISE PARKWAY FT. MYERS FL 33905	CITY-ST-ZIP	Fort Myers, FL 33912	
- DOCUMENT # NAME	ماجان مصفورت فتأسيس والرزيدي	STREET ADDRESS		-
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	500004137386-5 -05/04/0101105025 ****526.25 ****526.25	
DOCUMENT # NAME		STREET ADDRESS	*****320;23	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # '	7	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	,	CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		\

I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:



941-693-1000

Daytime Phone #