

2002 UNIFORM BUSINESS REPORT (UBR)

0014647 AT

DOCUMENT # A93000000649
 1. Entity Name
HAMILTON EQUITIES, LTD.

Principal Place of Business Mailing Address
6700-A DANIELS PARKWAY 6700-A DANIELS PARKWAY
FORT MYERS FL 33912 FORT MYERS FL 33912

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
02 APR 15 AM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.F.



DUE BY MAY 1, 2002

4. FEI Number **65-0411388** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUNDSCHU, CHRIS
6700-A DANIELS PARKWAY
FORT MYERS FL 33912

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$236,200.00**
 10. Amount of Capital Contributions in FLORIDA to date. **\$ 0**
 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 STREET ADDRESS CITY-ST-ZIP	BUNDSCHU, CHRIS 6700-A DANIELS PARKWAY FORT MYERS FL 33912	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BUNDSCHU, GAYLE 6700-A DANIELS PARKWAY FORT MYERS FL 33912	STREET ADDRESS CITY-ST-ZIP	300005312323--5 04/22/02 01033 005 ****141.25 ****141.25
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CR2E003 (9/01)

14. 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:  **Gayle Bundschu** **4/10/02** **941-693-1000 x51**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #