

DOCUMENT # A940000Q01427

1. Entity Name

THE HAMILTON FAMILY LIMITED PARTNERSHIP

Principal Place of Business
310 JOHN RINGLING BLVD.
SARASOTA FL 34236

Mailing Address
310 JOHN RINGLING BLVD.
SARASOTA FL 34236

FILED

01 NOV 19 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number

65-0533644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, JOSEPH
310 JOHN RINGLING BLVD.
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

24 N. BLVD. OF PRESIDENTS, #200

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

Signature of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$452,094.00

10. Amount of Capital Contributions
in FLORIDA to date.

488,428

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
HAMILTON, JOSEPH
STREET ADDRESS
310 JOHN RINGLING BLVD. #6
CITY-ST-ZIP
SARASOTA FL 34236

STREET ADDRESS
24 N. BLVD. OF PRESIDENTS, #200
CITY-ST-ZIP
200004660242--9
10/31/01 01011 013
****526.25 ****526.25

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP
-11/20/01-01025-019
****499.66 ****499.66

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 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #