2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005597

Entity Name: HAMLIN APARTMENTS FLORIDA, INC.

FILED May 01, 2008 Secretary of State

Current P	Principal Place	of Business:	New Prince	New Principal Place of Business:		
1251 AVE		STATE CORPORATION RICAS, 35TH FLOOR				
Current M	/lailing Addres	ss:	New Maili	ing Address:		
1251 AVE.		STATE CORPORATION RICAS, 35TH FLOOR				
FEI Number	r: 13-3881775	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of N	New Registered Agent:	
2731 EXE SUITE 4	RVICES, INC. CUTIVE PARK I, FL 33331 US					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	its registered o	office or registered agent, or both,	
SIGNATU						
	Electron	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financing	3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	•		TO OFFICERS AND DIRECTOR	
OFFICER	S AND DIREC	IURS:	ADDITION		TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	STREICKER, J	OF THE AMERICAS, 35TH FLOOR	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	BELLI, NOEL G	OF THE AMERICAS, 35TH FLOOR	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Name: Address:	SCHEFFLER, L	OF THE AMERICAS, 35TH FLOOR	Title: Name: Address: City-St-Zip:	LENIART, ROB	OF THE AMERICAS, 35TH FLOOR	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SCHEFFLER, L 1251 AVENUE (NEW YORK, N' V () CASSIDY, MILL	ARRY OF THE AMERICAS, 35TH FLOOR Y 10020 Delete LIE C OF THE AMERICAS, 35TH FLOOR	Name: Address:	LENIART, ROB 1251 AVENUE NEW YORK, N	BERT OF THE AMERICAS, 35TH FLOOR	
Name: Address: City-St-Zip: Title: Name: Address:	SCHEFFLER, L 1251 AVENUE NEW YORK, N V CASSIDY, MILL 1251 AVENUE NEW YORK, N T ROTH, LELAND	ARRY OF THE AMERICAS, 35TH FLOOR Y 10020 Delete LIE C OF THE AMERICAS, 35TH FLOOR Y 10020 Delete OF THE AMERICAS, 35TH FLOOR OF THE AMERICAS, 35TH FLOOR	Name: Address: City-St-Zip: Title: Name: Address:	LENIART, ROB 1251 AVENUE NEW YORK, N	BERT OF THE AMERICAS, 35TH FLOOR Y 10020	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL BELLI MGR 05/01/2008