



FILED

04 APR 19 AM 8:29

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # L01000011367</b><br>1. Entity Name<br><b>HAMILTON LLC</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>416 S.E. 15 STREET<br/>FT LAUDERDALE, FL 33316</b>  |   |   | Mailing Address<br><b>416 S.E. 15 STREET<br/>FT LAUDERDALE, FL 33316</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                         |  |    |  |
| City & State  |   | City & State  |  | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Zip   |   | Zip   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPAMERICA, INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Corporation Service Company</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b><br>City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</b> |  |
| 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.<br>SIGNATURE <u><i>Carla Lohi</i></u> <b>Carla Lohi</b> <b>Asst. Vice President</b> <b>4-19-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                 |   |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   |   | <b>Make check payable to<br/>Florida Department of State</b>             |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>HANGO, KEITH<br>MALAPOA, PORT VILA<br>VANUATU, | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 11. 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 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: <u><i>Keith Hango</i></u> <b>KEITH HANGO, MANAGER</b>  |   |   |  | Date <b>04/14/2004</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |  |  |  |

**CSC.**

CORPORATION SERVICE COMPANY

**L010000011367**

ACCOUNT NO. : 072100000032

REFERENCE : 577654 7384861

AUTHORIZATION :

COST LIMIT :

\$ 50,000

*Patricia Pizut*

ORDER DATE : April 19, 2004

ORDER TIME : 3:48 PM

ORDER NO. : 577654-005

CUSTOMER NO: 7384861

CUSTOMER: Mr. Dusan Tvrdy

Akont

Akont, Spol. Sr.o.

Probin, S.r.o - Na Vysluni 13

100 00 Praha 10, CZ CZECH REPU

*BK*

ANNUAL REPORT FILING

NAME: HAMILTON LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi-EXT#2932

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 APR 19 PM 4:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA