

FILED
May 01, 2002 8:00 am
Secretary of State

04-03-2002 90035 036 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000020740

1. Entity Name

HAMILTON MORTGAGE AND ADVISORY SERVICES, LLC

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27191

2. Principal Place of Business 300 International Pkwy		3. Mailing Address		4. FEI Number 74-3027196	Applied For
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc.			Not Applicable
City & State Heathrow, FL 32746		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32746	Country U.S.	Zip	Country		

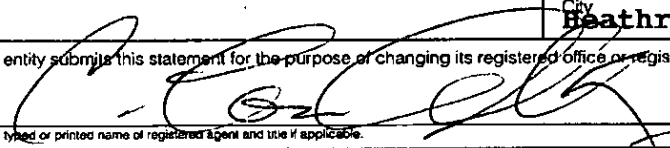
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C. Thomas Selby	
Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy	
Suite Suite 130	
City Heathrow	Zip Code FL 32746

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Director C. Thomas Selby 300 International Pkwy, Ste 130 Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Director Owen N. Frakes 300 International Pky, Ste 130 Heathrow, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Director Katherine A. Christy 300 International Pky, Ste 130 Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **C. Thomas Selby** 3-21-02 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)