2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 19, 2006
Secretary of State

DOCUMENT# L02000008664

Entity Name: HAMILTON HOME MORTGAGE LLC

Current Principal Place of Business:

5600 BENTGRASS DRIVE
302
SARASOTA, FL 34235

New Principal Place of Business:

11750 TEMPEST HARBOR LOOP
VENICE, FL 34292

Current Mailing Address:

5600 BENTGRASS DRIVE
302
SARASOTA, FL 34235

New Mailing Address:

11750 TEMPEST HARBOR LOOP
VENICE, FL 34292

FEI Number: 01-0709571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZAHARAKIS, THOMAS S
5600 BENTGRASS DRIVE
302
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

ZAHARAKIS, THOMAS S
11750 TEMPEST HARBOR LOOP
VENICE, FL 34292 US

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: THOMAS S ZAHARAKIS 12/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZAHARAKIS, THOMAS S
Address: 5600 BENTGRAS DRIVE, #302
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ZAHARAKIS, THOMAS S
Address: 11750 TEMPEST HARBOR LOOP
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS S ZAHARAKIS MGRM 12/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date