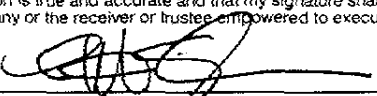


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019897 1. Entity Name HAMILTON MILL RIDGE LLC					
Principal Place of Business 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713			Mailing Address 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 61-0422555	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINES, J. BRADFORD 100 FIRST AVE. S., STE. 500 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHERER, CLARK H III 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUCKER AGUIRRE, FRED C 5115 OLD ELLIS POINTE ROSWELL, GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076	☐ Delete			
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: 				14 March 727 321 8111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	