

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90156 023 ****50.00

DOCUMENT # L03000000949

1. Entity Name
HAMILTON PLACE PROPERTIES, LLC



Principal Place of Business
**613 SW CAMDEN AVE
STUART, FL 34994**

Mailing Address
**613 SW CAMDEN AVE
STUART, FL 34994**

2. Principal Place of Business - No P.O. Box #
872 Colorado Ave.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-LLC CR2E083 (12/06)

City & State
STUART, FL

City & State

4. FEI Number
02-0667671

Applied For
Not Applicable

Zip
34994

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIUNTA, DAVID R
613 SW CAMDEN AVE
STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

872 Colorado AVE

City
Stuart

FL

Zip Code
34994

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PROSPERITY DEVELOPMENT GROUP, INC.
613 SW CAMDEN AVE
STUART, FL 34994**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**872 Colorado AVE.
Stuart, FL 34994**

☒ Change ☐ Addition

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #