


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90036 005 \*\*\*138.75

<b>DOCUMENT # L03000000949</b>					
<b>1. Entity Name</b> HAMILTON PLACE PROPERTIES, LLC					
<b>Principal Place of Business</b> 872 COLORADO AVE STUART, FL 34994			<b>Mailing Address</b> 872 COLORADO AVE STUART, FL 34994		
<b>2. Principal Place of Business - No P.O. Box #</b> 759 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 321		<b>3. Mailing Address</b> 759 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 321			
City & State STUART, FL		City & State STUART, FL		<b>4. FEI Number</b> 02-0667671	
Zip 34994		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GIUNTA, DAVID R 872 COLORADO AVE STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 759 S. FEDERAL HIGHWAY, SUITE 321 City STUART, FL Zip Code 34994		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM PROSPERITY DEVELOPMENT GROUP, INC. 872 COLORADO AVE STUART, FL 34994		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	759 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 34994	
Delete <input checked="" type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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<b>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.</b>					
<b>SIGNATURE:</b> <i>David R. Giunta</i>			Date <i>4/25/08</i> Daytime Phone # <i>772-528-2693</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					