# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 FEB -8 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000001265

1. Entity Name
HAMATI ENTERPRISE LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2002 S. HARBOR CITY BLVD.<br>MELBOURNE, FL 32901-5449 | 2002 S. HARBOR CITY BLVD.<br>MELBOURNE, FL 32901-5449 |

04302004 Chg-LLC CR2E085 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
04-3736214
Applied For
Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HAMATI, GILBERT<br>2002 S. HARBOR CITY BLVD.<br>MELBOURNE, FL 32901-5449 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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. The entity certifies that it has authority to 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, 2004**

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>Gilbert Hamati<br>2104 Pennwood Drive<br>Melbourne, FL 32901 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 03/03/2004 90137 036 Change ☐ Addition<br>50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>John Hamati<br>5 Beechpick Lane<br>Woodlands, TX 77380 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change ☐ Addition<br>000046418820<br>02/11/05--01014--003 **50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change ☐ Addition<br>[illegible] 03-04 dcc |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change ☐ Addition<br>no penalty fee due |

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: Maharaj Hardy 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/04
Date