2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90071 046 ***150.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000005317

1. Entity Name
HAMILTON 2799, LLC

Principal Place of Business	Mailing Address
2263 NW 2ND AVENUE, SUITE 201 BOCA RATON FL 33431	2263 NW 2ND AVENUE, SUITE 201 BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
2799 N.W. 2ND AVE	2799 N.W. 2ND Ave.
Suite, Apt. #, etc.: Ste 216	Suite, Apt. #, etc.: Ste 216
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA.	Zip: 33431 Country: USA

4. FEI Number: 20-6002487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MANAGING MEMBER NAME: Dennis Chalas STREET ADDRESS: 2799 N.W. 2ND AVE #216 CITY-ST-ZIP: Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] DENNIS CHALAS Managing Member 2/28/04 561 395-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #