

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90071 046 ***150.00

DOCUMENT # L03000005317			
1. Entity Name HAMILTON 2799, LLC			
Principal Place of Business 2263 NW 2ND AVENUE, SUITE 201 BOCA RATON FL 33431		Mailing Address 2263 NW 2ND AVENUE, SUITE 201 BOCA RATON FL 33431	
2. Principal Place of Business 2799 N.W. 2ND Ave		3. Mailing Address 2799 N.W. 2ND Ave.	
Suite, Apt. #, etc. Suite 216		Suite, Apt. #, etc. Suite 206	
City & State Boca Raton, Fl		City & State Boca Raton, Fl	
Zip 33431	Country USA	Zip 33431	Country USA
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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Dennis Chalas 2799 N.W. 2 ND AVE #216 Boca Raton, FL 33431 ☐ 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
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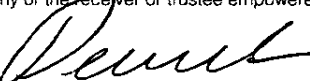
MOORE CR2E083 (11/03)

4. FEI Number
20-6002487

Applied For
Not Applicable

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

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:  **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 #