

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90030 010 ****50.00

DOCUMENT # L03000005317	
1. Entity Name HAMILTON 2799, LLC	

Principal Place of Business 2799 NW 2ND AVENUE SUITE 216 III BOCA RATON FL 33431	Mailing Address 2799 NW 2ND AVENUE SUITE 216 III BOCA RATON FL 33431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. III		Suite, Apt. #, etc. III	
City & State		City & State	
Zip	Country	Zip	Country

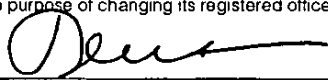


1st MOORE CR2E083 (10/04)

4. FEI Number 20-0003598		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
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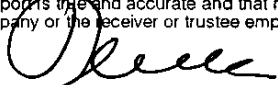
7. Name and Address of New Registered Agent	
Name Dennis Chalas	
Street Address (P.O. Box Number is Not Acceptable) 4001 N. Ocean Blvd, Apt 208	
City Boca Raton	Zip Code FL 33431

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 	DATE 3/2/05

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGRM CHALAS, DENNIS 2799 NW 2ND AVENUE, #216 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 	DATE 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dennis Chalas	
DAYTIME PHONE # 561 395-8155	