

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90037 009 ****50.00

DOCUMENT # L03000019531

1. Entity Name
THE HAMLET, L.L.C.



Principal Place of Business
**4601 SOUTH TAMiami TRAIL
SARASOTA, FL 34242**

Mailing Address
**74 WEST PARK PLACE
STAMFORD, CT 06901**

60030649



01182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0616552	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOICHMAN, LAWRENCE
3513 FLAMINGO AVENUE
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOICHMAN, LAWRENCE 74 WEST PARK PLACE STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOICHMAN, JENNIFER 74 WEST PARK PLACE STAMFORD, CT 06901
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/06 203-324-9495
Date Daytime Phone #