2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019531

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

Principal Place of Business	Mailing Address
4601 SOUTH TAMIAMI TRAIL SARASOTA, FL 34242	74 WEST PARK PLACE STAMFORD, CT 06901

DO NOT WRITE IN THIS SPACE

01022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
81-0616552
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT M ESQ
ONE N TUTTLLE AVE
SARASOTA, FL 34237

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000083005
04/16/08-80064-004 139.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOICHMAN, LAWRENCE
STREET ADDRESS	74 WEST PARK PLACE
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	MGRM
NAME	GOICHMAN, JENNIFER
STREET ADDRESS	74 WEST PARK PLACE
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/20/08 203-324-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #