

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90065 014 ****50.00

| | | | | | | |
|---|---|---|--|---|---|--|
| DOCUMENT # L03000030451 1. Entity Name HAMLIN TERRACE FOUNDATION, LLC | | | | | | |
| Principal Place of Business 2180 HYPOLUXO ROAD LANTANA, FL 33462 | | | Mailing Address 2180 HYPOLUXO ROAD LANTANA, FL 33462 | | | |
| 2. Principal Place of Business 625 Waltham Ave Suite, Apt. #, etc. | | 3. Mailing Address 625 Waltham Ave Suite, Apt. #, etc. | | | | |
| City & State Orlando, FL Zip 32809 | | City & State Orlando, FL Zip 32809 | | 4. FEI Number 16-1680018 | | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DIMINO, JOSEPH M 504 PALMA SOLA BLVD. BRADENTON, FL 34209 | | | | 7. Name and Address of New Registered Agent Name Lillian Management Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 625 Waltham Ave City Orlando FL Zip Code 32809 | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 6/30/05 | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DIMINO, JOSEPH M <input type="checkbox"/> Delete 504 PALMA SOLA BLVD. BRADENTON, FL 34209 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgr Joseph M. Dimino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1050 Riverside Dr. Unit 101A Palmetto, FL 34221 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date 6/30/05 | | |
| | | | | Daytime Phone # 407-855-1136 | | |