## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SECRETARY OF STATE HVISION OF CORPORATION DOCUMENT # L03000033049 1. Entity Name 06 JAN 19 PM 12: 08 HAMÍLL, L.L.C. Mailing Address Principal Place of Business 7547 JACQUE RD. 7547 JACQUE RD. HUDSON, FL 34667-7163 HUDSON, FL 34667-7163 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3276045 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILL, JOHN R JR DO NOT WRITE 7547 JACQUE RD HUDSON, FL 34667 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE HAMILL, JOHN R JR **8000651969**08 02/06/06--01018--012 \*\*\*372.50 STREET ADDRESS 7547 JACQUE RD CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

Date

Daytime Phone #

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