

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044430 1. Entity Name J. HAMILTON PLACE, L.L.C.	
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Principal Place of Business 324 JULIA PLACE SARASOTA, FL 34236	Mailing Address 324 JULIA PLACE SARASOTA, FL 34236
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03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1210140	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DRAKE, J. KEVIN ESQ DOOLEY & DRAKE, P.A. 1432 FIRST ST SARASOTA, FL 34236

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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)

**Filing Fee is \$50.00
Due by May 1, 2007**

03/13/07-80098-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTKOWSKI, DEVIN 324 JULIA PLACE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONRAD, ALLEN J 324 JULIA PLACE SARASOTA, FL 34236
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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

3/1/07 641/906-7609
Date Daytime Phone #