

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000018635

1. Entity Name
HAMILTON DEVELOPMENT OF STEINHATCHEE, L.L.C.



Principal Place of Business
**1725 NE 1ST AVE
STEINHATCHEE, FL 32359 US**

Mailing Address
**PO BOX 474
STEINHATCHEE, FL 32359 US**



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0841513

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, LINDA H
1725 NE AST AVE
STEINHATCHEE, FL 32359**

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRYANT, LINDA H
STREET ADDRESS	PO BOX 474
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	MGR
NAME	BRYANT, WAYNE C
STREET ADDRESS	PO BOX 474
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	MGR
NAME	GRANT, IRENE
STREET ADDRESS	PO BOX 985
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000843074
03/11/08-80054-023 138.75

**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:

Linda H. Bryant

2/28/08

352-378-2857

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

Date

Daytime Phone #