## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # L04000018881  1. Entity Name HAMILTON 129, LLC			04-07-20	008 90226 033 ***138	.75
Principal Place of Business	Mailing Address		- 00000110	•	
5115 JOANNE KEARNEY BLVD P O BOX 5299					
TAMPA, FL 33619 TAMPA, FL 33675			•		
				ARM BEIN CRICK MERK INIRI MINI MINI MINI MINI	IFEL (3) 1881
Principal Place of Business - No P.O. Box #     Mailing Address		<del>-</del>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		C CR2E083 (12/06)	
City & State	City & State	City & State		<del>                                     </del>	oplied For ot Applicable
Zip Country	Zip	Country	20-0841624  5. Certificate of Status De	sired S5.00 Add	
6. Name and Address	s of Current Registered Agent		7. Name and Address of	New Registered Agent	
1		Name			
JAMES, REED 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
17/10/17/12 33013					
		City		FL Zip Cod	0
The above named entity submits this the obligations of registered agent.	statement for the purpose of changing it	s registered office or regis	stered agent, or both, in the Stat	te of Florida. I am familiar with,	and accept
SIGNATURE					
Signature, typed or printed name of	registered agent and title if applicable. (NC	TE: Registered Agent signature req	uired when reinstating)	DATE	
	:				
FILE NOW!!! FEE IS \$1 After May 1, 2008 Fee will b	38.75 e \$538.75			Make check payable to Florida Department of Stat	6
After May 1, 2008 Fee will b	38.75 e \$538.75 GING MEMBERS/MANAGERS	10.		Make check payable to	â
9. MANAGITILE MGRM HARRIS, TRACY J JESTREEI ADDRESS 5115 JOANNE KEAR	E \$538.75  BING MEMBERS/MANAGERS  Delete	TITLE NAME STREET ADDRESS		Make check payable to Florida Department of Stat	<b>e</b> ☐ Addition
9. MANAC TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619	E \$538.75  GING MEMBERS/MANAGERS  Delete R ENEY BLVD	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Make check payable to Florida Department of Stat TIONS/CHANGES	☐ Addition
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9. MANAC  TITLE MGRM  NAME HARRIS, TRACY J JE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619  TITLE MGRM  NAME BING, KENNEDY	E \$538.75  GING MEMBERS/MANAGERS  Delete  R  NEY BLVD	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Make check payable to Florida Department of Stat TIONS/CHANGES	Addition
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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:

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(813) 435-7777

Date

Daytima Phone #