

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000055802

FILED
Mar 03, 2009
Secretary of State

Entity Name: HAMILTON CAPITAL PARTNERS LTD

Current Principal Place of Business:

15105-D JOHN J DELANEY DR
SUITE 208
CHARLOTTE, NC 28277 US

New Principal Place of Business:

4115 COLUMBIA ROAD
STE 5-283
MARTINEZ, GA 30907

Current Mailing Address:

15105-D JOHN J DELANEY DR.
SUITE 208
CHARLOTTE, NC 28277 US

New Mailing Address:

4115 COLUMBIA ROAD
STE 5-283
MARTINEZ, GA 30907

FEI Number: 20-1416569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMILTON, TRAVIS M
8418 BOWDEN WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

INCorp SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 44370 US

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.

SIGNATURE: INCORP SERVICES, INC

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMILTON, TRAVIS M
Address: 15105-D JOHN J DELANEY DR
City-St-Zip: CHARLOTTE, NC 28277 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMILTON, TRAVIS M
Address: 4115 COLUMBIA ROAD STE 5-283
City-St-Zip: MARTINEZ, GA 30907 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRAVIS M HAMILTON

MGM

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date