


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90043 048 ****50.00

DOCUMENT # L04000060475					
1. Entity Name FRANCES D. HAMILTON MANAGEMENT, L.L.C.					
Principal Place of Business 1211 DURNFORD PLACE PENSACOLA, FL 32503			Mailing Address 1211 DURNFORD PLACE PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1870687	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, FRANCES D 1211 DURNFORD PLACE PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, FRANCES D 1211 DURNFORD PLACE PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Frances D 1211 Durnford Place Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Claiborne D. 1123 South First Street, Apt. 4 Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Jeffrey D. 534 N. W. 7th Avenue Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Frances D. Hamilton</u> Frances D. Hamilton <u>APR 27, 2006</u> <u>(850)432-9686</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
Managing Member					