



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000060475</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1870687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HAMILTON, FRANCES D 1211 DURNFORD PLACE PENSACOLA, FL 32503	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

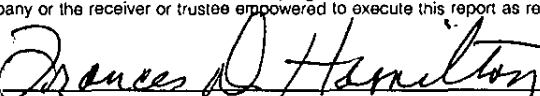
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, FRANCES D 1211 DURNFORD PLACE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, CLAIBORNE D 1123 S FIRST ST APT 4 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, JEFFREY D 534 NW 7TH AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000743640  
05/15/07-80117-012 50.00

**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:**  **4-27-2007** (850) 432-9686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #