

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM  
Secretary of State

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



04152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1870687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, FRANCES D  
1211 DURNFORD PLACE  
PENSACOLA, FL 32503

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

U00000920248  
05/14/08-80037-002 138.00

U00000920248  
05/14/08-80037-003 0.75

**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:

(Claiborne D. Hamilton, Manager)

8/16/08 (850) 432-9686

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

Date

Daytime Phone #