

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000008554

**FILED**  
**May 11, 2006**  
**Secretary of State**

**Entity Name:** JACQUELINE ELAINE HAMILTON, M.D., L.L.C.

**Current Principal Place of Business:**

719 LITTLE HAMPTON LN  
GOTHA, FL 34734

**New Principal Place of Business:**

**Current Mailing Address:**

719 LITTLE HAMPTON LN  
GOTHA, FL 34734

**New Mailing Address:**

FEI Number: 20-4617242      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:**

WILLIAMS, JACQUELINE H MD  
719 LITTLE HAMPTON LN  
GOTHA, FL 34734    US

**Name and Address of New Registered Agent:**

HAMILTON, JACQUELINE E MD  
719 LITTLE HAMPTON LN  
GOTHA, FL 34734    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: JACQUELINE ELAINE HAMILTON

05/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WILLIAMS, JACQUELINE H MD  
Address: 719 LITTLE HAMPTON LN  
City-St-Zip: GOTHA, FL 34734

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HAMILTON, JACQUELINE E MD  
Address: 719 LITTLE HAMPTON LN  
City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE ELAINE HAMILTON

MGRM

05/11/2006

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