

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000011372

Entity Name: HAMILTON BUTLER, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2300 JESSICA LANE
KISSIMMEE, FL 34741

New Principal Place of Business:

1970 E.OSCEOLA PARKWAY
#301
KISSIMMEE, FL 34743

Current Mailing Address:

2300 JESSICA LANE
KISSIMMEE, FL 34741

New Mailing Address:

1970 E.OSCEOLA PARKWAY
#301
KISSIMMEE, FL 34743

FEI Number: 42-1661556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S
441 W VINE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

R & M INTERNATIONAL MGMT INC
2710 N. ORANGE BLOSSOM TRAIL, SUITE 202
KISSIMMEE, FL 34744 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: RICHARD J BUTLER

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BUTLER, RICHARD J
Address: 1970 E.OSCEOLA PARKWAY, #301
City-St-Zip: KISSIMMEE, FL 34743

Title: MGMR () Change (X) Addition
Name: BUTLER, MARILYN
Address: 1970 E.OSCEOLA PARKWAY, #301
City-St-Zip: KISSIMMEE, FL 34743

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: RICHARD J BUTLER

MGRM

05/01/2007

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