2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-03-2008 90075 028 ***138.50
L05000022710

DOCUMENT # L05000022710

1. Entity Name
HAMILTON SQUARE HOLDINGS, LLC

FILED
08 APR 21 PM 3:55
SEC. 600019504 STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5221 OCEAN BOULEVARD SUITE 2 SARASOTA, FL 34242	5221 OCEAN BOULEVARD SUITE 2 SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2419715
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOHL-HELBIG, LAUREN
1800 SECOND STREET
SUITE 901
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIVESEY, BRIAN
STREET ADDRESS	5221 OCEAN BLVD, STE 2
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	WARD, THOMAS D
STREET ADDRESS	5221 OCEAN BLVD, STE 2
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: THOMAS D WARD 3-20-08 9413467454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #