

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047759

FILED
Apr 30, 2006
Secretary of State

Entity Name: HAMILTON MANUFACTURING, LLC

Current Principal Place of Business:

1301 SIXTH AVENUE WEST, STE. 401
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

1301 SIXTH AVENUE WEST, STE. 401
BRADENTON, FL 34205

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNEBEY, MARK P
1301 SIXTH AVENUE WEST, STE. 401
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHEPARD, DANIEL O
Address: 1301 SIXTH AVENUE WEST, STE. 401
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: POWERS, JAMES III
Address: 1301 SIXTH AVENUE WEST, STE. 401
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: BARNEBEY, MARK P
Address: 1301 SIXTH AVENUE WEST, STE. 401
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK P. BARNEBEY

MGR

04/30/2006

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