

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90036 009 ****50.00

DOCUMENT # L05000066666

1. Entity Name
HAMILTON 672 LLC



Principal Place of Business
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

Mailing Address
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

60042492



2. Principal Place of Business - No P.O. Box #
5115 JOANNE KEARNEY BLVD.

3. Mailing Address
P.O. BOX 5299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State
TAMPA, FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number
20-3104098

Applied For
Not Applicable

Zip
33619

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, TRACY J JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

Name
JAMES M. REED
Street Address (P.O. Box Number is Not Acceptable)
5115 JOANNE KEARNEY BLVD.

City
TAMPA FL Zip Code
33619

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRIS, TRACY J JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5115 JOANNE KEARNEY BLVD.
TAMPA, FL 33619** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEARNEY, BING C.W. JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5115 JOANNE KEARNEY BLVD.
TAMPA FL 33619** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

3/27/07 813 435-7105