

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90043 004 ****50.00

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1. Entity Name
1 HAMILTON LLC



Principal Place of Business
19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434

Mailing Address
19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

02-0751702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARYO, RICHARD
19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KARYO, RICHARD
STREET ADDRESS 19540 PLANTERS POINTE DRIVE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGRM ☐ Delete
NAME KARYO, MICHEL
STREET ADDRESS 5539 NORTH MILITARY TRAIL, APT. 2002
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE MGRM ☐ Delete
NAME KARYO, ARMAND
STREET ADDRESS 3 SHORT DRIVE
CITY-ST-ZIP ROSLYN, NY 11576

TITLE MGRM ☐ Delete
NAME SHIFF, CATHERINE
STREET ADDRESS 75 HAZELWOOD DRIVE
CITY-ST-ZIP JERICHO, NY 11753

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #