


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L05000081058	
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
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0751702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KARYO, RICHARD 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000843854
03/12/08-80012-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARYO, RICHARD 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARYO, MICHEL 5539 NORTH MILITARY TRAIL, APT. 2002 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARYO, ARMAND 3 SHORT DRIVE ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIFF, CATHERINE 75 HAZELWOOD DRIVE JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	Date: 	Daytime Phone #: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		