

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L05000081058 1. Entity Name 1 HAMILTON LLC	
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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
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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**

000000842854  
 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: *[Signature]* Date: 2/29/08 Daytime Phone #: 561-852-1495

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