


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085693 1. Entity Name CHAUDHARI HAMILTON, LLC	
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Principal Place of Business 1495 S VOLUSIA AVENUE STE 201 ORANGE CITY, FL 32763	Mailing Address 1495 S VOLUSIA AVENUE STE 201 ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



04032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4100181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHAUDHARI, GOVIND M 1495 S VOLUSIA AVENUE STE 201 ORANGE CITY, FL 32763

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

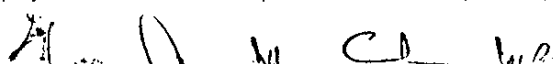
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAUDHARI, GOVIND M 1495 S VOLUSIA AVENUE STE 201 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, FRED W 11407 S.E. U.S. HIGHWAY 301 #6 BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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05/24/07-80058-006 50.00

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:  **9/29/07** **407-937-0690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #