2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086678

1. Entity Name
BOCA HAMILTON LLC

Principal Place of Business	Mailing Address
2799 NW BOCA RATON H 104 BOCA RATON, FL 33431	2799 NW BOCA RATON H 104 BOCA RATON, FL 33431

01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3397722
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOCIGNO, CHARLES D
5255 DEERHURST CRESCENT CIRCLE
BOCA RATON, FL 33486

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOCIGNO, CHARLES D
STREET ADDRESS	5255 DEERHURST CRESCENT CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGR
NAME	SIKORA, RANDALL P
STREET ADDRESS	2901 NEEDHAM COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	MGR
NAME	LOCIGNO, MARK S
STREET ADDRESS	12317 SAINT SIMON DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80027-016 50.00

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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: CHARLES D. LOCIGNO 1-23-07 (561) 417-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #