

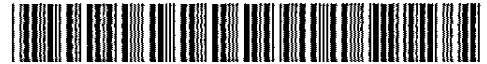
**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000086678 1. Entity Name BOCA HAMILTON LLC	
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Principal Place of Business 2799 NW BOCA RATON H 104 BOCA RATON, FL 33431	Mailing Address 2799 NW BOCA RATON H 104 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3397722	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LOCIGNO, CHARLES D 5255 DEERHURST CRESCENT CIRCLE BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE _____
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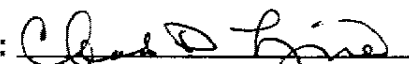
**Filing Fee is \$50.00
Due by May 1, 2007**

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

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