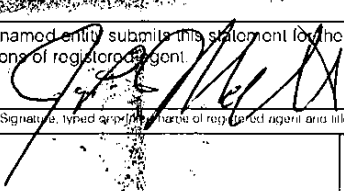
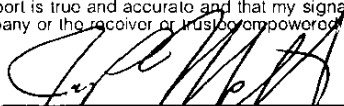


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90056 019 ****50.00

DOCUMENT # L05000088511 1. Entity Name HAMILTON RENTALS, LLC			
Principal Place of Business 30125 S. DIXIE HWY HOMESTEAD FL 33033-3205		Mailing Address 30125 S. DIXIE HWY HOMESTEAD FL 33033-3205 <i>JAMES MORBIT</i>	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 3933 WADE ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PISCATAWAY NJ		City & State PISCATAWAY NJ	
Zip 08854		Zip 08854	
Country USA		Country USA	
4. FEI Number 20-4131483		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE ROSSET, JAMES B 14220 SW 79TH AVENUE PALMETTO BAY FL 33158		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 DATE 1/18/07			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORBIT, JAMES TENANT 3933 WADE STREET PISCATAWAY NJ 08854	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORBIT, KATHRYN J TENANT 3933 WADE STREET PISCATAWAY NJ 08854	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FRICKE, DAVID 9 KEARNEY DRIVE MILLTOWN NJ 08850	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # 732-236-3702	