


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90039 014 ****50.00

DOCUMENT # L05000092083 1. Entity Name HAMILTON LAND DEVELOPMENT LLC					
Principal Place of Business 3194 EL CAMINO REAL WEST PALM BEACH, FL 33409			Mailing Address 3194 EL CAMINO REAL WEST PALM BEACH, FL 33409		
2. Principal Place of Business 2917 CARVELLE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2917 CARVELLE DRIVE Suite, Apt. #, etc.			
City & State RIVIERA BEACH, FL		City & State RIVIERA BEACH, FL		4. FEI Number 16-1734544	
Zip 33404		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FALKNOR, STUART 3194 EL CAMINO REAL WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name PAUL CALKINS Street Address (P.O. Box Number is Not Acceptable) 2917 CARVELLE DRIVE City RIVIERA BEACH FL Zip Code 33404		
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 <u><i>Paul Calkins</i></u> (PAUL CALKINS) 4-15-06 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALKNOR, STUART <input type="checkbox"/> Delete 3194 EL CAMINO REAL WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, MICHAEL <input type="checkbox"/> Delete 106F LIGHTHOUSE CIRCLE TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALKINS, PAUL <input type="checkbox"/> Delete 4777 SEA OATS CIRCLE #202 WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALKINS, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2917 CARVELLE DRIVE RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEITCH, ANDREW <input type="checkbox"/> Delete 3059 EL CAMINO REAL WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Paul Calkins</i></u> (PAUL CALKINS) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-15-06		Daytime Phone # (cell phone) 412-708-6297