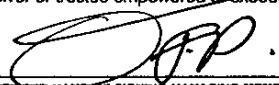


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90433 001 ****50.00

DOCUMENT # L05000111524 1. Entity Name 9410 SW 190 STREET, LLC					
Principal Place of Business 8040 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address 8040 NW 155 STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAZO, FELIX P 8040 NW 155 STREET MIAMI LAKES, FL 33016			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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 LAZO, FELIX P 8040 NW 155 STREET MIAMI LAKES, FL 33016 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			01/09/06 605) 512-7333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

20011347



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3864762** Applied For Not Applicable

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

02/08/2006 11:33 3052425110

HAMILTON DONUTS LLC

PAGE 01/01

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # 105000088511

1. Entity Name

HAMILTON RENTALS, LLC



ATTACHMENT

20011347

Principal Place of Business
30125 S. DIXIE HWY
HOMESTEAD FL 33033-3205Mailing Address
0125 S. DIXIE HWY
HOMESTEAD FL 33033-3205

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

20-4131483

Applied For
Not Applicable

5. Date

Date of Status Desired

1st MOORE

CR2E083 (10/05)

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Altered Agent

7. Name

Mailing Address of New Registered Agent

DE ROSSET, JAMES B
14220 SW 79TH AVENUE
PALMETTO BAY FL 33158

Name

Street Address (P.O. Box)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept, the obligations of a registered agent.

SIGNATURE

Date of Signature

Date of Signature

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS

MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	MORBIT, JAMES S TENANT	3933 WADE STREET	PISCATAWAY NJ 08854
MGRM	MORBIT, KAT IRYN J TENANT	3933 WADE STREET	PISCATAWAY NJ 08854
MGRM	FRICKE, DAVE J	9 KEARNEY DRIVE	MILLTOWN NJ 08850

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

ADDITIONS/CHANGES	Change	Add

11. I hereby certify that the information supplied on this report is true and accurate and that the limited liability company is in good standing and has not been dissolved or otherwise terminated.

12. I, Florida Statutes, I further certify that the information on this report is true and accurate and that the limited liability company is in good standing and has not been dissolved or otherwise terminated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Typed Name