


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000101571 1. Entity Name DONNA J. HAMILTON, LLC	
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Principal Place of Business 8478 NORMANDY BLVD. JACKSONVILLE, FL 32221	Mailing Address 8478 NORMANDY BLVD. JACKSONVILLE, FL 32221
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5759838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE, STE. 2301
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000838989
03/05/08-80051-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, DONNA L 8478 NORMANDY BLVD. JACKSONVILLE, FL 32221
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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: Donna J. Hamilton 2-15-08 904-786-5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #