
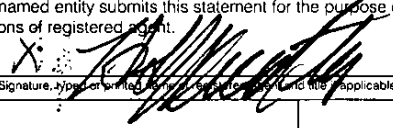
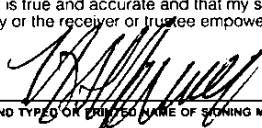


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90144 034 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L06000102491 1. Entity Name ALBANY TOWERS - HAMILTON, LLC | | | |  | |
| Principal Place of Business 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 | | | Mailing Address 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business - No P.O. Box # | | 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 RAY, PETER R 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent Name Harry S. Hamilton Street Address (P.O. Box Number is Not Acceptable) 800 N. Flagler Drive City West Palm Beach FL 33401 | | |
| 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  | | DATE 1/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAMILTON, HARRY S SR. 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 <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 | MGRM Hamilton, Lee Collier 800 N. Flagler Drive West Palm Beach, FL 33401 <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 | |
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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:  | | | DATE 1/16/07 561/655-3115 <small>Daytime Phone #</small> | | |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

60004291



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number **265-20-9341** Applied For ☐ Not Applicable ☐

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