

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057262

FILED
Apr 30, 2009
Secretary of State

Entity Name: HAMILTON REALTY GROUP LLC

Current Principal Place of Business:

14411 COMMERCE WAY
STE 305
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

14411 COMMERCE WAY
STE 305
MIAMI LAKES, FL 33016 US

New Mailing Address:

16223 NW 82ND PL
MIAMI LAKES, FL 33016 US

FEI Number: 80-0249551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, SUGEIL M
14411 COMMERCE WAY
STE 305
MIAMI LAKES, FL, FL 33016 US

Name and Address of New Registered Agent:

PEREZ, ALEXANDER
16223 NW 82ND PL
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: ALEXANDER PEREZ

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ, SUGEIL M
Address: 14411 COMMERCE WAY STE 305
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: MGR () Delete
Name: CARRILLO, GUILLERMO
Address: 14411 COMMERCE WAY STE 305
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ, ALEXANDER M
Address: 16223 NW 82ND PL
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEXANDER PEREZ

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date