2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700005285

1. Entity Name

CAMDEN DEVELOPMENT, INC.



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90130 029 ***150.00

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Principal Place of Business 3 GREENWAY PLAZA. STE. 1300 HOUSTON TX 77046 US		Mailing Address 3 GREENWAY PLAZA, STE. 1300 HOUSTON TX 77046 US			{ 	'i 1188 Illih bilki 1016		11 1010 DIN 1201
2. Principal Place of Business		3. Mailing Address				 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			П снеск не	RE IF MAKING Ċ	HANGE	ę
City & St	tate	City & State			4. FEI Number 76-04177			Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desire	d [\$8	3.75 Ad	lot Applicable dditional
	6. Name and Address of Current F	Registered Agent	 		7. Name and Address of Ne		e Requir	ed
OT 000			Name		TO TRAINE UND Address Of 146	w negistered Age	ent	
	PORATION SYSTEM	·						
	UTH PINE ISLAND ROAD		Street	'Address (P.	O: Box Number is Not Accepta	ble)		
PLANTAT	TION FL 33324							
				-				
			City			FL	Zip Cod	
8. The abov	re named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office	or registered	d agent, or both, in the State of	Florida. Lam fami	iliar with	and accept
uic obliga	ations of registered agent,					· · · · · · · · · · · · · · · · · · ·	mar witing	, una accept
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent sign:	ature required w	hen reinstating)	DATE		
					-	DATE		
€	FILE NOW!!! FEE IS \$150.00							
Afte	er May 1, 2003 Fee will be \$550.00		·		9. Election Campaign	Financing	\$5.0	00 Mav Be
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of 9				9. Election Campaign Trust Fund Contribu	Financing		00 May Be
Afte	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of S	State	11.		Trust Fund Contribu	Financing tion.	Added	d to Fees
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Thereby derily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/0

713-354-2500 Daytime Phone #