## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MORIBER, OR AUTHORIZED REPRESENTATIVE

## Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # L02000017040 1. Entity Name CAMLAKE, LLC Principal Place of Business Mailing Address 741 BUTTONWOOD LANE 741 BUTTONWOOD LANE MIAMI, FL 33137 - MIAMI, FL 33137 03142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0472932 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEYER, THOMAS H DO NOT WRITE 741 BUTTONWOOD LANE MIAMI, FL 33137 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME MEYER, THOMAS H 741 BUTTONWOOD LN. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 MGRM TITLE BARROCAS-MEYER, LINDA NAME りりりひひひともちちもり STREET ADORESS 741 BUTTONWOOD LN. 03/16/05-80063-008 50.00 MIAMI, FL 33137 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP mu NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this egon is true and accurate and that my signature shall have the same legal effect as if made under path, that I am a managing member or manager of the limited liability pumpany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Dale

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**FILED**