

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028038

FILED
Apr 17, 2009
Secretary of State

Entity Name: CAM DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

6891 OLD CHURCH ROAD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

6891 OLD CHURCH ROAD
FLEMING ISLAND, FL 32003

Current Mailing Address:

6891 OLD CHURCH ROAD
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

6891 OLD CHURCH ROAD
FLEMING ISLAND, FL 32003

FEI Number: 20-3178505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, GARY A
Address: 6891 OLD CHURCH ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR () Delete
Name: MILLER, CHASE
Address: 6891 OLD CHURCH ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, GARY A
Address: 6891 OLD CHURCH ROAD
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR (X) Change () Addition
Name: MILLER, CHASE
Address: 6891 OLD CHURCH ROAD
City-St-Zip: FLEMING ISLAND, FL 32003

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: GARY MILLER

MGRM

04/17/2009

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