

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012437

Entity Name: CAMELLIA COVE, LLC

FILED  
Jan 30, 2010  
Secretary of State

**Current Principal Place of Business:**

602 CAMBRIDGE AVE NE  
FT. WALTON BEACH, FL 325471811

**New Principal Place of Business:**

**Current Mailing Address:**

602 CAMBRIDGE AVE NE  
FT. WALTON BEACH, FL 325471811

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRIGGS, ROBERT C  
602 CAMBRIDGE AVE NE  
FT. WALTON BEACH, FL 325471811 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  
Name: GRIGGS, ROBERT C  
Address: 602 CAMBRIDGE AVE NE  
City-St-Zip: FT. WALTON BEACH, FL 325471811

Title: P  
Name: GRIGGS, STANLEY B  
Address: 602 CAMBRIDGE AV., NE  
City-St-Zip: FT. WALTON BEACH, FL 325471811

Title: VP  
Name: GRIGGS, DOROTHY L  
Address: 602 CAMBRIDGE AV., NE  
City-St-Zip: FT. WALTON BEACH, FL 325471811

I hereby 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: ROBERT C. GRIGGS

MGRM

01/30/2010

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