

2000 UNIFORM BUSINESS REPORT (UBR)

0006382 AF

DOCUMENT # L99000004242

1. Entity Name
CAMINO HOLDINGS, LLC

FILED

00 FEB -3 PM 4:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	Mailing Address 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431-7780
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2. Principal Place of Business 350 Camino Gardens Blvd. Suite, Apt. #, etc. Suite 303	3. Mailing Address 350 Camino Gardens Blvd. Suite, Apt. #, etc. Suite 303
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL 33432	City & State Boca Raton, FL 33432	4. FEI Number 65-0935136	Applied For <input type="checkbox"/> Not Applicable
Zip 33432	Country U.S.	Zip 33432	Country U.S.

6. Name and Address of Current Registered Agent CAPPELLER, JOHN M JR 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350 Camino Gardens Blvd. Suite 303 City Boca Raton FL Zip Code 33432
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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.

SIGNATURE DATE **1-31-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, SCOTT H TRUSTEE 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Camino Gardens Blvd., #303 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLER, WILLIAM T 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Camino Gardens Blvd., #303 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, JEFFREY M 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Camino Gardens Blvd., #303 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLER, JOHN M JR 2424 N FEDERAL HWY SUITE 314 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Camino Gardens Blvd., #303 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003127140--5 -02/08/00--01053--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify 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 is true and accurate and that my 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: **JOHN M. CAPPELLER JR.** DATE **1-31-00** DAYTIME PHONE # **561-392-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

FILED (1/31/00) CH