

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 031 ****50.00

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DOCUMENT # L99000004242

1. Entity Name

CAMINO HOLDINGS, LLC

Principal Place of Business

**350 CAMINO GARDENS BLVD. #303
 BOCA RATON FL 33432**

Mailing Address

**350 CAMINO GARDENS BLVD. #303
 BOCA RATON FL 33432**

000010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0935136

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CAPPELLER, JOHN M JR
 350 CAMINO GARDENS BLVD. #303
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ADAMS, SCOTT H TRUSTEE	350 CAMINO GARDENS BLVD. #303	BOCA RATON FL 33432	<input type="checkbox"/>
MGRM	CAPPELLER, WILLIAM T	350 CAMINO GARDENS BLVD. #303	BOCA RATON FL 33432	<input type="checkbox"/>
MGRM	KELLY, JEFFREY M	350 CAMINO GARDENS BLVD. #303	BOCA RATON FL 33432	<input type="checkbox"/>
MGRM	CAPPELLER, JOHN M JR	350 CAMINO GARDENS BLVD. #303	BOCA RATON FL 33432	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **JOHN M. CAPPELLER JR** 1-6-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
 561-620-2599

CR2E083 (9/01)