


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0935136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAPPELLER, JOHN M JR  
 350 CAMINO GARDENS BLVD. #303  
 BOCA RATON, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

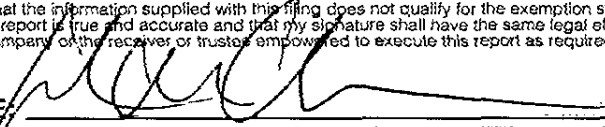
**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, SCOTT H TRUSTEE 350 CAMINO GARDENS BLVD. #303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLER, WILLIAM T 350 CAMINO GARDENS BLVD. #303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, JEFFREY M 350 CAMINO GARDENS BLVD. #303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLER, JOHN M JR 350 CAMINO GARDENS BLVD. #303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000103965  
 04/05/04-80077-015 50.00

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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  \_\_\_\_\_ DATE 3-31-04 DAYTIME PHONE # 501-620-2599