


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 002 ****50.00

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0935136

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

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. 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, 2005**

**Make check payable to
 Florida Department of State**

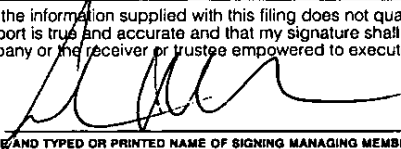
9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date **3-29-05** Daytime Phone # **591-6202599**