


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 029 ****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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

02032006 Chg-LLC CR2E083 (11/05)



6. Name and Address of Current Registered Agent CAPELLER, 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
---	---

4. FEI Number 65-0935136	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ADAMS, SCOTT H TRUSTEE <input type="checkbox"/> Delete	TITLE	SA FLA I LTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SCOTT H TRUSTEE	NAME	(Same)
STREET ADDRESS	350 CAMINO GARDENS BLVD. #303	STREET ADDRESS	(Same)
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	MGRM CAPPELLER, WILLIAM T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPELLER, WILLIAM T	NAME	
STREET ADDRESS	350 CAMINO GARDENS BLVD. #303	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	MGRM KELLY, JEFFREY M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JEFFREY M	NAME	
STREET ADDRESS	350 CAMINO GARDENS BLVD. #303	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	MGRM CAPPELLER, JOHN M JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPELLER, JOHN M JR	NAME	
STREET ADDRESS	350 CAMINO GARDENS BLVD. #303	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

2-3-06 561-620-2599