


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000005804 1. Entity Name CAMILLA GROVE, L.L.C.	
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Principal Place of Business 200 N. THORNTON AVENUE ORLANDO, FL 32801	Mailing Address 200 N. THORNTON AVENUE ORLANDO, FL 32801
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01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2329728	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 PHILLIPS, R. PATRICK 200 N. THORNTON AVENUE ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000403899
02/06/06-80025-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHILLIPS, ROBERT P COTRUST 200 N. THORNTON AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHILLIPS, ELIZABETH B COTRUST 450 MALLARD CIRCLE WINTER PARK, FL 32789
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] COTRUST 1-83-06 407 425-7676