
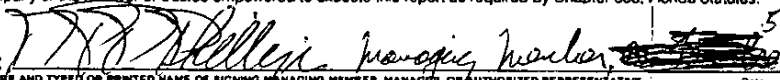


FILED
May 15, 2008 8:00 am
Secretary of State

04-14-2008 90222 026 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000005804			
1. Entity Name CAMILLA GROVE, L.L.C.			
Principal Place of Business 200 N. THORNTON AVENUE ORLANDO, FL 32801		Mailing Address 200 N. THORNTON AVENUE ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 52-2329728	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIPS, R. PATRICK 200 N. THORNTON AVENUE ORLANDO, FL 32801		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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, ROBERT P COTRUST 200 N. THORNTON AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, ELIZABETH B COTRUST 450 MALLARD CIRCLE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		5-17-08 407 425-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

30006439

Law Offices of
R. PATRICK PHILLIPS

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Orlando, Florida 32802-1153
Telephone: (407) 425-7676
Facsimile: (407) 425-7679

E-Mail: pat.phillips@patphillipslaw.com

R. PATRICK PHILLIPS
Board Certified
Aviation Law Attorney

200 N. Thomson Avenue
Orlando, Florida 32801

May 12, 2008

Florida Department of State
Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

Re: Camilla Grove, L.L.C.

Reference No.: L01000005804

Dear Sir:

Pursuant to the above referenced letter from the Division of Corporations dated April 28, 2008, I enclose herewith the 2008 Limited Liability Company Annual Report executed by me as the LLC Managing Member.

If you need anything further to complete the filing of the Annual Report, please let me know.

Very truly yours,


R. Patrick Phillips

RPP/bwb
enc.