

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005804

Entity Name: CAMILLA GROVE, L.L.C.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

200 N. THORNTON AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

200 N. THORNTON AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 52-2329728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, R. PATRICK  
200 N. THORNTON AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHILLIPS, ROBERT P COTRUST  
Address: 200 N. THORNTON AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM  
Name: PHILLIPS, ELIZABETH B COTRUST  
Address: 450 MALLARD CIRCLE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: /S/ R. PATRICK PHILLIPS

MGRM

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date