

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

03-05-2007 90281 032 ****50.00

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03012007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000007373 1. Entity Name CAMB INTERNATIONAL INVESTMENTS, L.L.C.					
Principal Place of Business 3501 W. VINE STREET SUITE 514 KISSIMMEE, FL 34741			Mailing Address 3501 W. VINE STREET SUITE 514 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 4711 PERSHORE LANE		3. Mailing Address 4711 PERSHORE LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL		4. FEI Number 65-1103015	
Zip 34741		Country 		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 RODRIGUEZ, MARTIN J 3501 W. VINE STREET SUITE 514 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name MARTIN J. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 4711 PERSHORE LANE City KISSIMMEE FL Zip Code 34741		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARTIN J 3501 W. VINE STREET SUITE 514 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN J. RODRIGUEZ 4711 PERSHORE LANE KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URRIBARRI, LUIS A 3501 W. VINE STREET SUITE 514 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADRIANA B. DE RODRIGUEZ 4711 PERSHORE LANE KISSIMMEE FL 34741	<input type="checkbox"/> Change <input checked="" 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: <u><i>Martin J. Rodriguez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>03/02/07</u> Date Daytime Phone #		