


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90030 028 ****50.00

DOCUMENT # L01000010179

1. Entity Name
CAMCORP HOLDINGS, LLC



Principal Place of Business
**8394 MAN-O-WAR RD
 PALM BEACH GARDENS, FL 33418**

Mailing Address
**8394 MAN-O-WAR RD
 PALM BEACH GARDENS, FL 33418**

2. Principal Place of Business
2001 PALM BEACH LAKES BLVD

3. Mailing Address
2001 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.
502-G


City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409 Country **US**

WEST PALM BEACH, FL

24039973



03292004 Chg-LLC CR2E083(10/03)

4. FEI Number
65-1115142

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Name and Address of Current Registered Agent

**CAMREON, DONALD
 8394 MAN-O-WAR RD
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name
Donald L. Cameron

Street
**2001 Palm Beach Lakes Blvd.
 Suite 502G
 West Palm Beach FL 33409**

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMERON, DONALD 8394 MAN O WAR RD WEST PALM BEACH, FL 33418 <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 CAMERON, JUDITH 8394 MAN O WAR RD WEST PALM BEACH, FL 33418 <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
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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 exemption stated in Section 119.07(3)(i), 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:  **DON CAMERON** **4/7/04** **561-478-1840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #