


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90039 039 \*\*\*\*50.00

<b>DOCUMENT # L01000010179</b>	
1. Entity Name CAMCORP HOLDINGS, LLC	

Principal Place of Business 2001 PALM BEACH LAKES BLVD 502-G WEST PALM BEACH, FL 33409	Mailing Address 2001 PALM BEACH LAKES BLVD 502-G WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**

14002314



02092005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1115142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CAMREON, DONALD 2001 PALM BEACH LAKES BLVD SUITE 502-G WEST PALM BEACH, FL 33409
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMERON, DONALD 8394 MAN O WAR RD WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMERON, JUDITH 8394 MAN O WAR RD WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/5/05** **561-428-1840**

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