

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013967

Entity Name: CAMERAS AMERICA LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

142 N PALMETTO ST
LAKE MARY, FL 32746

New Principal Place of Business:

122 MAYFIELD WAY
SANFORD, FL 32771

Current Mailing Address:

142 N PALMETTO ST
LAKE MARY, FL 32746

New Mailing Address:

122 MAYFIELD WAY
SANFORD, FL 32771

FEI Number: 59-3740920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

LARRY J HERRING, CPA
2693 W FAIRBANKS AVE
SUITE A
WINTER PARK, FL 32789 US

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: LARRY J HERRING

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, JACOB B
Address: 142 N PALMETTO ST
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: BAKER, SARAH S
Address: 142 N PALMETTO ST
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAKER, JACOB B
Address: 122 MAYFIELD WAY
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: BAKER, SARAH S
Address: 122 MAYFIELD WAY
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JACOB B BAKER

MR

04/27/2006

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