2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # L01000013967 1. Entity Name CAMERAS AMERICA LLC						05-03-2007 90	0254 02	l ****50	.00
Principal Place of Business 122 MAYFIELD WAY SANFORD, FL 32771		Mailing Address 122 MAYFIELD WAY SANFORD, FL 32771					FB/T/ (BB/T)/	no (Bille Ollik 191	16
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State		4. FEI Number 59-3740			No	oplied For of Applicable	
Zip	Country	Zip Cou		itry	5. Certificate o	\$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered A	gent	
IADDVILLE	ERRING, CPA			Name					
2693 W FAIR SUITE A			Street Address (P.O. Box Number	is Not Acceptable)			
WINTER PA	RK, FL 32789								ľ
				City			FL	Zip Code	е
	amed entity submits this statement for ns of registered agent.	r the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flor	rida. I am f	amiliar with,	and accept
SIGNATURE.	ignature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	(when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
Fitti	ng Fee is \$50.00						check partme	yable to ent of State	B
Fitti	ng Fee is \$50.00		10.				Departme	-	В
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9. TITLE NAME E	ng Fee is \$50.00 b by May 1, 2007 MANAGING MEMBE MGR BAKER, JACOB B	RS/MANAGERS	TITE	E		Florida	Departme	ent of State	
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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.