

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014013

1. Entity Name

CAMP CREEK ENTERPRISES LLC



Principal Place of Business

550 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413

Mailing Address

PO BOX 611426
ROSEMARY BEACH FL 32461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

59-3755485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORR, CLAUDIA A
550 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MORR, CLAUDIA A
STREET ADDRESS 550 SEABREEZE CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

☐ Change ☐ Addition
U00000055673
02/18/04-80013-005 50.00

TITLE MGR ☐ Delete
NAME MORR, JAMES J
STREET ADDRESS 550 SEABREEZE CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

Claudia A. Morr 2/14/04 850 231-0527