


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018311 1. Entity Name CAMP AND FORE, LLC	
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Principal Place of Business 943 S.E. FORT KING STREET OCALA, FL 34471	Mailing Address 943 S.E. FORT KING STREET OCALA, FL 34471
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03022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3613897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMP, GENE B 943 S.E. FORT KING STREET OCALA, FL 34471

**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 _____

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

(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	MGRM CAMP, KEVIN B 943 S.E. FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMP, GENE B 943 S.E. FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORE, MERRITT C JR. 943 S.E. FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORE, MERRITT C III 943 S.E. FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLIFFORD, KRISTEN C 943 S.E. FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORE, MAC P 943 S.E. FORT KING STREET OCALA, FL 34471

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04/05/05-80019-016 50.00

**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)(f), 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #