2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L01000018311

Entity Name: CAMP AND FORE, LLC

Current Principal Place of Business:

943 S.E. FORT KING STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

943 S.E. FORT KING STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 04-3613897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMP, GENE B
943 S.E. FORT KING STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAMP, KEVIN B
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: CAMP, GENE B
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: FORE, MERRITT C JR.
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: FORE, MERRITT C III
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: CLIFFORD, KRISTEN C
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: FORE, MAC P
Address: 943 S.E. FORT KING STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GENE B. CAMP MGRM 03/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date