

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018311

Entity Name: CAMP AND FORE, LLC

FILED
Feb 16, 2010
Secretary of State

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
Name: CAMP, KEVIN B
Address: 943 S.E. FORT KING STREET
City-St-Zip: Ocala, FL 34471

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

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

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

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

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

I hereby 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

02/16/2010

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