

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


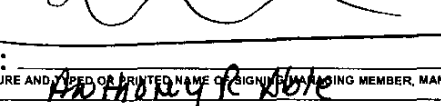
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Jan 30, 2007 8:00 am
Secretary of State

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01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000002944					
1. Entity Name LOOSERS CAMP LLC					
Principal Place of Business 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777			Mailing Address 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0860684	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLINGTON SHIELD INC. 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777			7. Name and Address of New Registered Agent Hable Advisory, INC. Street Address (P.O. Box Number is Not Acceptable) 700 Eleventh Street South PH2 City Naples FL 34102-6777		
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 TA  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE 1-22-07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLMAN LIMITED COMPANY 700 11TH ST SOUTH PH2 NAPLES, FL 341026777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AOMAC Limited Bison Court, Road Town, Tortola British Virgin Islands	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: TA  Signature and typed or printed name of signing managing member, manager, or authorized representative			Director 1-22-07 239-430-4310 Date Daytime Phone #		