2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L02000006080

Entity Name: CAMP RED BUG, LLC

Current Principal Place of Business:

1808 82ND ST NW
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

1808 82ND ST NW
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 45-0472669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIFRIT, ROBERT C
19031 MCGRATH CIR
PORT CHARLOTTE, FL 33448 US

Name and Address of New Registered Agent:

SIFRIT, ROBERT C
19031 MCGRATH CIR
PORT CHARLOTTE, FL 33948 US

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: 02/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSTON, GARY L
Address: 1808 82ND ST., NW
City-St-Zip: BRADENTON, FL 34209

Title: MGR ( ) Delete
Name: GRIFFITH, KEN R
Address: 3915 RIVERVIEW BLVD., WEST
City-St-Zip: BRADENTON, FL 34209

Title: MGR ( ) Delete
Name: SIFRIT, ROBERT C
Address: 19031 MCGRATH CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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:

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: ROBERT C SIFRIT MGR 02/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date