


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90051 005 \*\*\*\*55.00

<b>DOCUMENT # L02000007969</b>		
1. Entity Name <b>CAXAMBAS, LLC</b>		

Principal Place of Business <b>113 VANN CIR. PAXTON, FL 32538</b>	Mailing Address <b>POST OFFICE BOX 61462 FORT MYERS, FL 33906 P.O. Box 5056 Immokalee, FL 34143</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 5056</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Immokalee FL.</b>
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Zip	Country	Zip	Country
		<b>34143</b>	<b>U.S.A.</b>

6. Name and Address of Current Registered Agent	
<b>ROBERTS, JUDY R 113 VANN CIRCLE PAXTON, FL 32538</b>	

**20040583**



04192005	Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>65-6097102</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERTS, JUDY R POST OFFICE BOX 61462 FORT MYERS, FL 33906</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERTS, JUDY R. 113 VANN CIRCLE PAXTON, FL 32538</b> <input checked="" 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
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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 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 608, Florida Statutes.

**SIGNATURE:** Judy R. Roberts, Mgr. **4-19-05** **239-860-3553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #