


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90197 015 ****55.00

DOCUMENT # L02000007969	
1. Entity Name CAXAMBAS, LLC	

Principal Place of Business 13 VANN CIR PAXTON, FL 32538	Mailing Address P.O. BOX 527 PAXTON, FL 32538
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60051619



2. Principal Place of Business - No P.O. Box # ATTN: GUY WHITESMAN		3. Mailing Address P.O. Box 60497	
Suite, Apt. #, etc. 1715 MONROE STREET		Suite, Apt. #, etc.	
City & State FT. MYERS FL.		City & State FT. MYERS FL.	
Zip 33901	Country U.S.A.	Zip 33906	Country U.S.A.

05212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-6097102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, JUDY R 13 VANN CIRCLE PAXTON, FL 32538	
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7. Name and Address of New Registered Agent	
Name JUDY R. ROBERTS	
Street Address (P.O. Box Number is Not Acceptable) ATTN: GUY WHITESMAN	
1715 MONROE STREET	
City FT. MYERS	FL Zip Code 33901

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 Judy R. Roberts	DATE 6-4-07
<small>Signature typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	ROBERTS, JUDY R <input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, JUDY R		NAME ROBERTS, JUDY R.	
STREET ADDRESS 13 VANN CIR		STREET ADDRESS ATTN: GUY WHITESMAN	
CITY-ST-ZIP PAXTON, FL 32538		CITY-ST-ZIP 1715 MONROE ST. FT. MYERS, FL. 33901	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Judy R. Roberts Manager	DATE: 6-4-07	DAYTIME PHONE #: 239-860-3553
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>