


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90268 032 ***143.75

DOCUMENT # L02000007969		
1. Entity Name CAXAMBAS, LLC		

Principal Place of Business ATTN: GUY WHITESMAN 1715 MONROE STREET FORT MYERS, FL 33901	Mailing Address P.O. BOX 60497 FORT MYERS, FL 33906
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60018343



2. Principal Place of Business - No P.O. Box # ATTN: JOSEPH ENGLISH Suite, Apt. #, etc. 2075 West First St., Suite 300 City & State FORT MYERS, FL 33901 Zip Country	3. Mailing Address Suite, Apt. #, etc. 300 City & State FORT MYERS, FL 33901 Zip Country
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02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-6097102	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, JUDY R ATTN: GUY WHITESMAN 1715 MONROE STREET FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name ROBERTS JUDY R. Street Address (P.O. Box Number is Not Acceptable) ATTN: JOSEPH ENGLISH 2075 West First St., Suite 300 City FORT MYERS FL Zip Code 33901
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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 (NOTE: Registered Agent signature required when reinstating) DATE 3-26-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, JUDY R ATTN: GUY WHITESMAN 1715 MONROE ST. FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUDY R. ROBERTS ATTN: JOSEPH ENGLISH 2075 West First St., Suite 300 FORT MYERS, FL 33901 <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
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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 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 Date 3-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE