

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 Mailing Address

ATTN: GUY WHITESMAN P.O. BOX 60497
 1715 MONROE STREET FORT MYERS, FL 33906
 FORT MYERS, FL 33901

60018343



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

ATTN: JOSEPH ENGLISH Suite, Apt. #, etc.

2075 West First St., Suite 300

02072008 Chg-LLC CR2E083 (12/06)

City & State City & State

FORT MYERS, FL 33901

Zip Country Zip Country

4. FEI Number Applied For

65-6097102 Not Applicable

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**

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: **3-26-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| 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 | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Date Daytime Phone #