

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011207

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** CAMP KIKINTHAGRASS, LLC

**Current Principal Place of Business:**

3837 NORTHDAL BLVD. SUITE 185  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHDAL BLVD. SUITE 185  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 04-3688878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLLINKA, DAVID J  
1835 HEALTH CARE DRIVE  
TRINITY, FL 34655 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AUSTIN, ED  
Address: 8802 LUMINARIA  
City-St-Zip: ODESSA, FL 33556

Title: MGR  
Name: VAN DER BECK, PERRY  
Address: 16523 CAYMAN DR  
City-St-Zip: TAMPA, FL 33624

I hereby 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: PERRY VAN DER BECK

MGR

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date