


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**


04-23-2004 90014 041 \*\*\*\*50.00

<b>DOCUMENT # L02000018340</b>	
1. Entity Name <b>CAMP ENTERTAINMENT, LLC</b>	

Principal Place of Business <b>500 15TH STREET, #1 MIAMI BEACH FL 33139</b>	Mailing Address <b>500 15TH STREET, #1 MIAMI BEACH FL 33139</b>
--	--

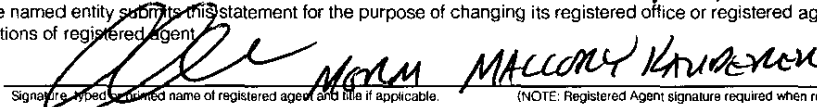
2. Principal Place of Business <b>423 NE 23rd ST</b>	3. Mailing Address <b>423 NE 23rd ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City, State <b>MIAMI FL</b>	City, State <b>MIAMI FL</b>
Zip <b>33137</b>	Country

	
03172004 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>02-0635815</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

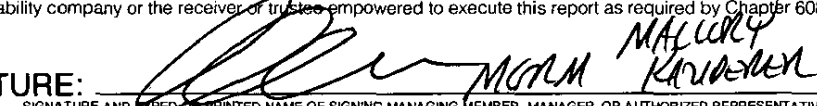
6. Name and Address of Current Registered Agent <b>REGENTS PARK PROPERTY, INC. 500 15TH STREET, #1 MIAMI BEACH, FL 33139</b>	
---	--

7. Name and Address of New Registered Agent <b>REGENTS PARK INVESTMENTS LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>423 NE 23rd ST.</b>	
City <b>MIAMI</b>	FL Zip Code <b>33137</b>

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>4/20/04</b>

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KAUDERER, MALLORY 500 15TH STREET, #1 MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KAUDERER, MALLORY 423 NE 23rd ST. MIAMI, FL 33137</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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>4/20/04</b> 305-573-3399 Daytime Phone #