## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # £02000033711

1. Entity Name T.G.O. CAMP SITE, L.L.C.



FILED Apr 21, 2008 08:00 Al Secretary of State

CR2E083 (12/07)

Principal Place of Business

516 DELANNOY AVENUE COCOA, FL 32922 Mailing Address

PO BOX 3767 COCOA, FL 32924



01182008No Chg-LLC

4. FEI Number
76-0774618

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Regulard
Fee Regulard

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922 DO NOT WRITE IN THIS SPACE

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 appli

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000910611 05/07/08-80006-022 138.75

<u> </u>		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	EKS, INC	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	
NAME	KIRSCHENBAUM, JOSHUA	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA, FL 329229	
TITLE	D	
NAME	KIRSCHENBAUM, JENNIFER	
STREET ADDRESS	516 DELANNOV AVE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	
NAME	OLIVER, ELIZABETH L	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	
NAME	SWANN, JESSICA S	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
44 I barahii	portify that the information cumplied with this filling done not qualify for the or	

DO NOT WRITE IN THIS SPACE

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 or 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:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZEGAES

K. Kurschen baur

4/16/08

631202

Daytime Phone #