2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L03000008216

Entity Name: CAMERLENGO & BROCKWELL, P.L.

Current Principal Place of Business:

644 CESERY BOULEVARD
SUITE 300
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

644 CESERY BOULEVARD
SUITE 300
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 16-1656251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERLENGO, JOSEPH V
644 CESERY BLVD
SUITE 300
JACKSONVILLE, FL 32211 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 ( ) Delete
Name: CAMERLENGO, JOSEPH V
Address: 644 CESERY BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGR ( ) Delete
Name: BROCKWELL, P. HEATH
Address: 644 CESERY BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ANDERSON, GREGG J
Address: 644 CESERT BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH V. CAMERLENGO MGR 04/27/2009

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