


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 29, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000026278</b> 1. Entity Name <b>CAMELOT CONDOS, LLC</b>	
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Principal Place of Business <b>5830 MIRROR LAKES BLVD. BOYNTON BEACH, FL 33437</b>	Mailing Address <b>5830 MIRROR LAKES BLVD. BOYNTON BEACH, FL 33437</b>
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**DO NOT WRITE IN THIS SPACE**



01182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0177482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MEYERS, JULIE A EA 19916 COURT OF THE LIONS BOCA RATON, FL 33487</b>
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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 applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, RAYMOND 5830 MIRROR LAKES BLVD. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, DIANNE 5830 MIRROR LAKES BLVD. BOYNTON BEACH, FL 33437
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01/31/07-80018-006 50.00

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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 606, Florida Statutes.

**SIGNATURE:**  **1-24-07 561-732 3285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #