## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 16, 2004 8:00 am Secretary of State 03-31-2004 90346 003 \*\*\*\*50.00

DOCUMENT # L03000036343  1. Entity Name CAMPER INVESTMENTS, LLC							1	03-31-200	90346	5 003 ***	*50.00	
Principal Place of Business Mailing Address						34003412						
9805 SW 125 AVE. 9805 SW 125 AVE. MIAMI, FL 33186 MIAMI, FL 33186						J MTKR		mu <b>and sem se</b>	ti Bilishi kara a	USB AID BITTE AH	<b>12</b> 1 eta 3 <b>00</b> 6	
2. Principal Place of I	Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0324200		hg-LLC	CR2E	083 (10/03)		
City & State		City & State			- 1	4. FEI Nur 20:		2655	23	<u> </u>	plied For Applicable	
Zip	Country	Zip	try	Certificate of Status Desired								
6. Name and Address of Current Registered Agent					7. Nama and Address of New Registered Agent Name							
PEREZ, DAVID A -9805 SW 125 AVE.				Street Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL 33186												
				City		<del></del>			FL	Zip Code	1	
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 it applicable. (NOTE: Registered Agent aignature required when reinstating) DATE												
Signature, typed or priesed name of registered agent and title it applicable. (NOTE: Registered Agent al							<u>"</u>		Unic	<del></del>		
Filing Fee is \$50.00 Due by May 1, 2004										payable to nent of State	,	
9.	MANAGING MEMB		10.					ADDITIONS				
TITLE NAME		C Detate	TITL NAM			10. A		e Presi	den!	☐ Change	Manual Addition Section 1	
STREET ADDRESS CITY-ST-ZIP	•			EET AOORESS '-ST-ZIP	9805	Sw	ء جرا	11 AUE 3318	<b>'</b> _			
TITLE	<u></u>	☐ Oetate	TITL	£			₩ Be	# Vice	Preside	change	Addition	
NAME STREET ADDRESS			NAA STR	ie Eet aodress	A80	lfo c	A.M.	pos Maue			ł	
CITY-ST-ZIP				-ST-ZIP			FL	33186				
TITLE		☐ Defete	TITI, NAS	-		BER'		cretari	1	☐ Change	Addition	
NAME STREET ADDRESS				SET ADDRESS	980	5 SW	REZ 125	15 AUR			ļ	
CITY-ST-ZIP			_	-ST-ZIP	Mi	mî,	FC_	33/8	0	5.50		
NAME - NAME		☐ Deleta	TITI.		، بر،			- <del></del>		Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (-ST-ZIP								
TITLE		☐ Delets	TITL							☐ Change	Addition	
NAME			NAA STA	Æ EET ADORESS	 						ļ	
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP								
TITLE		☐ Delets	חוד							Change	☐ Addition	
NAME STREET ADDRESS			NAI Str	AE Eet address								
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>							
11. I hereby certify that the information supplied with this filling 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 eath; 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: MANAGING MEMBER (305)593-6958												