


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90042 037 \*\*\*\*50.00

|   |   |                     |  |   |  |
|---|---|---------------------|--|---|--|
| <b>DOCUMENT # L03000040688</b><br>1. Entity Name<br><b>CAMDEN DRIVE, LLC</b>  |   |                     |  |    |  |
| Principal Place of Business<br><b>1401 UNIVERSITY DR #200</b><br><b>C/O CORBAN</b><br><b>CORAL SPRINGS, FL 33071</b>  |   |                     | Mailing Address<br><b>1401 UNIVERSITY DR #200</b><br><b>C/O CORBAN</b><br><b>CORAL SPRINGS, FL 33071</b>                         |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |  |   |  |
| City & State  |   | City & State        |  | 4. FEI Number<br><b>20-0330793</b>  |  |
| Zip   |   | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                           |  |
| 6. Name and Address of Current Registered Agent   |   |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>HELFMAN, STEVEN M</b><br><b>1401 UNIVERSITY DR #200</b><br><b>CORAL SPRINGS, FL 33071</b>  |   |                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                     |  |   |  |
| <b>Filing Fee Is \$50.00</b><br><b>Due by September 7, 2005</b>   |   |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>BRUMER, BRIANA</b><br><b>C/O CORBAN, 1401 UNIVERSITY DR. #200</b><br><b>CORAL SPRINGS, FL 33071</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br><b>Maya Rosenblum</b><br><b>40 Paul Corban, 1401 University Dr. #200</b><br><b>Coral Springs, FL 33071</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Andy Rosenblum</b><br><b>40 Paul Corban, 1401 University Dr. #200</b><br><b>Coral Springs, FL 33071</b>                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                     |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                     | Date <b>6/16/05</b> Daytime Phone #  |   |  |