

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 028 ***150.00

DOCUMENT # L03000040688

1. Entity Name
CAMDEN DRIVE, LLC



Principal Place of Business
**1401 UNIVERSITY DR #200
C/O CORBAN
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DR #200
C/O CORBAN
CORAL SPRINGS, FL 33071**

60042973



2. Principal Place of Business
1600 Sawgrass Corporate Parkway

3. Mailing Address
1600 Sawgrass Corporate Parkway

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

04102006 Chg-LLC CR2E083 (11/05)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
20-0330793

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HELFMAN, STEVEN M
1401 UNIVERSITY DR #200
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name
HELFMAN, STEVEN M.
Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corporate Parkway #300
City
Sunrise FL Zip Code
33323

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)

4/25/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSENBLUM, MAYA
C/O PAUL CORBAN, 1401 UNIVERSITY DR, # 200
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSENBLUM, ANDY
C/O PAUL CORBAN, 1401 UNIVERSITY DR, # 200
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSENBLUM, MAYA
C/O PAUL CORBAN, 1600 SAWGRASS CORP PKWY #300
SUNRISE, FL 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSENBLUM, ANDY
C/O PAUL CORBAN, 1600 SAWGRASS CORP PKWY #300
SUNRISE, FL 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANDY ROSENBLUM, MANAGING MEMBER

Date

954-753-1730

Daytime Phone #