

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000041212

FILED
Apr 15, 2009
Secretary of State**Entity Name:** CAMELOT LEASING LLC**Current Principal Place of Business:**1590 1ST AVENUE
DELAND, FL 32724 US**New Principal Place of Business:**6000 NW 77TH COURT
MIAMI, FL 33166 US**Current Mailing Address:**1590 1ST AVENUE
DELAND, FL 32724 US**New Mailing Address:**6000 NW 77TH COURT
MIAMI, FL 33166 US**FEI Number:** 20-0336078**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HARDY, HENRY III
1590 1ST AVENUE
DELAND, FL 32724 US**Name and Address of New Registered Agent:**CHOWDHURY, EQRAMUL I
3850 BIRD ROAD PENTHOUSE ONE
CORAL GABLES, FL 33146 US

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: EQRAMUL I. CHOWDHURY

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: HARDY, HENRY III
Address: 1590 1ST AVENUE
City-St-Zip: DELAND, FL 32724 USTitle: MGRM (X) Delete
Name: LIVESAY, JAMES K
Address: 1590 1ST AVENUE
City-St-Zip: DELAND, FL 32724 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: JOSEPH, DEMARIA A
Address: 6000 NW 77TH COURT
City-St-Zip: MIAMI, FL 33166 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

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 A. DEMARIA

MGRM

04/15/2009

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