

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043190

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** CAMP BUSCH, LLC

**Current Principal Place of Business:**

3901 S. STATE ROAD 7  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3901 S. STATE ROAD 7  
DAVIE, FL 33314

**New Mailing Address:**

3901 S. STATE ROAD 7  
DAVIE, FL 3314

FEI Number: 20-0498569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRESCOTT, ROBERT L  
3901 S. STATE ROAD 7  
DAVIE, FL 33314

**Name and Address of New Registered Agent:**

TRESCOTT, ROBERT L  
2605 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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: ROBERT L. TRESCOTT

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MEIMAN, SHAWN  
Address: 3901 S STATE ROAD 7  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWN MEIMAN

MGRM

04/28/2004

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