

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000008418

1. Entity Name
CAMERON PARTNERS, LLC



Principal Place of Business

**11586 QUAIL WAY
NAPLES, FL 34117**

Mailing Address

**190 SOUTH LASALLE STREET
SUITE 1700
CHICAGO, IL 60603**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0694265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAROLLO, THOMAS C
11586 QUAIL WAY
NAPLES, FL 34117**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

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

1100000432486
02/23/06-80070-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JIGANTI, JOHN J
190 S. LASALLE STREET, SUITE 1700
CHICAGO, IL 60603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOGLIA, VINCENT W
3909 THREE OAKS ROAD
CARY, IL 60013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAROLLO, THOMAS C
11586 QUAIL WAY
NAPLES, FL 34117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

John J. Jiganti

Date

Daytime Phone

312-346-4101