

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 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**



01082007 No 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 reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000592369  
01/22/07-80028-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JIGANTI, JOHN J
STREET ADDRESS	190 S. LASALLE STREET, SUITE 1700
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	MGR
NAME	FOGLIA, VINCENT W
STREET ADDRESS	3909 THREE OAKS ROAD
CITY-ST-ZIP	CARY, IL 60013
TITLE	MGR
NAME	CAROLLO, THOMAS C
STREET ADDRESS	11586 QUAIL WAY
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

**(312) 346-4101**

Daytime Phone #