

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009269

FILED
Apr 24, 2006
Secretary of State

Entity Name: OCAMPO FAMILY MANAGEMENT, LLC

Current Principal Place of Business:

6641 NW 43RD TERRACE
BOCA RATON, FL 33496

New Principal Place of Business:

16283 ANDALUCIA LANE
DELRAY BEACH, FL 33446

Current Mailing Address:

6641 NW 43RD TERRACE
BOCA RATON, FL 33496

New Mailing Address:

16283 ANDALUCIA LANE
DELRAY BEACH, FL 33446

FEI Number: 20-0752227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING, SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OCAMPO, RENATO V
Address: 6641 NW 43RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: OCAMPO, NORINA B
Address: 6641 NW 43RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OCAMPO, RENATO V
Address: 16283 ANDALUCIA LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM (X) Change () Addition
Name: OCAMPO, NORINA B
Address: 16283 ANDALUCIA LANE
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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: RENATO V. OCAMPO JR.

PRES

04/24/2006

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