

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014113

Entity Name: CAMS LLC

FILED  
Mar 15, 2005  
Secretary of State

## Current Principal Place of Business:

21346 ST. ANDREWS BLVD., SUITE #135  
BOCA RATON, FL 33433

## New Principal Place of Business:

## Current Mailing Address:

21346 ST. ANDREWS BLVD., SUITE #135  
BOCA RATON, FL 33433

## New Mailing Address:

FEI Number: 34-1981854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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/MEMBERS:

Title: MGR ( ) Delete  
Name: SORENSEN, MICHAEL  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

Title: MGR ( ) Delete  
Name: AGRANOFF, CRAIG  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: CUALES, MICHAEL  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: AGRANOFF, LARRY  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CUALES, MICHAEL  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

Title: MGR (X) Change ( ) Addition  
Name: AGRANOFF, LARRY  
Address: 21346 ST. ANDREWS BLVD., SUITE #135  
City-St-Zip: BOCA RATON, FL 33433

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: CRAIG AGRANOFF

MGR

03/15/2005

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