2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L04000023500

Entity Name: SHARON CAMP L.L.C.

Current Principal Place of Business:

54 SHARON WOOD RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

54 SHARON WOOD DR.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

54 SHARON WOOD RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

54 SHARON WOOD DR.
CRAWFORDVILLE, FL 32327

FEI Number: 26-5757461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMP, SHARON
34 SHARONWOOD DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

CAMP, SHARON
54 SHARONWOOD DR
CRAWFORDVILLE, FL 32327 US

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: 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAMP, SHARON
Address: 34 SHARONWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAMP, SHARON
Address: 54 SHARONWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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: SHARON CAMP MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date