2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024466

Name:

Address:

City-St-Zip:

764 SE RIVER CT

PORT SAINT LUCIE, FL 34983

Entity Name: CAMARDA - EICKHORN ENTERPRISES, LLC

Jul 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 370 SE 11TH STREET POMPANO BEACH, FL 33060 US **Current Mailing Address: New Mailing Address:** 370 SE 11TH STREET POMPANO BEACH, FL 33060 US FEI Number: 20-0934706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EICKHORN, GREG 370 SOUTHEAST 11TH STREET POMPANO BEACH, FL 33060 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete EICKHORN, GREG Name: Name: Address: 370 SOUTHEAST 11TH STREET Address: City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: EICKHORN, MARCIE Name: Address: 370 SOUTHEAST 11TH STREET Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CAMARDA, LEON Name: Name: Address: 764 SE RIVER CT Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CAMARDA, BRITNI

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCIE EICKHORN **MGRM** 07/07/2008