

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:20

DOCUMENT # L04000026138

1. Entity Name
PBRD CAMDEN, LLC



Principal Place of Business
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business - No P.O. Box #
28000 Spanish Wells Blvd
Suite, Apt. #, etc.

3. Mailing Address
28000 Spanish Wells Blvd
Suite, Apt. #, etc.



12182006 Chg-LLC CR2E083 (12/06)

City & State
Bonita Springs, FL
Zip
34135

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Bonita Springs, FL
Zip
34135

4. FEI Number
20-0965518
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DORAN, JOHN
C/O WARD, DAMON & POSNER, P.A.
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name
James W. Amburn
Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd
City
Bonita Springs FL Zip Code
34135

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 reinstating)

DATE

Amended AR is \$50.00

State check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
AMDOR VERO BEACH, INC.
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
800082710438
12/21/06--01038--011 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

12-18-06

Date

239-992-4576

Daytime Phone #