## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90226 001 ***850.00

MGR AMDOR VERO BEACH, INC. 136 THORNTON DRIVE PALM BEACH GARDENS, FL 33418  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRRET AD	DOCUMENT # L04000026138  1. Entity Name PBRD CAMDEN, LLC							03-09-2007 9	90226 001	***850.	00
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Country   S. Certificate of Status Desired   \$5.00 Authoritorial Fore Required   \$3.418			City & State							_ <del>                                    </del>	<del>`</del>
AMBURN, JAMES W 2000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135  8. The above named anything submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. I am farming with, and accept the obligatored agent agent and the is acadeable. (NOTE Registered agent, or both, in the State of Florida. I am farming with, and accept the obligatores for being a septiment of the purpose of changing list registered agent, or both, in the State of Florida. I am farming with, and accept the obligatores for being agent and the is acadeable. (NOTE Registered agent, or both, in the State of Florida. I am farming with, and accept the obligatores for being agent and the is acadeable. (NOTE Registered agent, or both, in the State of Florida. I am farming with, and accept the obligatores for being agent and the is acadeable. (NOTE Registered agent, or both, in the State of Florida. I am farming with, and accept the obligatores for state of Florida. I am farming with, and accept the obligatores agent	Zip	Country	Zip	Coun	try					5.00 Add	itional
AMBURN. JAMES W 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135    City   Foliam   Boach   Anderson   City   Code   Anderson   City   City   Code   City	3.341	6. Name and Address of Current R	egistered Agent	-			7. Name and	Address of New R			1
Street Address (P.Q., Dox Number is bot Acceptable)  Street Address (P.Q., Dox Number					Name	1.1	^			<b>J</b>	
BONITA SPRINGS, FL 34135    City   Palm   Beach   Charles   FL   Zip Code   ST4/18					Street Add	JOhn dress (P			·)	·	<del></del>
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8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations obligations depicted agent.  SIGNATURE  FILING Foe is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  FILING Foe is \$50.00  Due by May 1, 2007  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MMC  AMDOR VERO BEACH, INC.  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  Delde  TITLE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  SIRET ADDRESS  CITY-ST-2P					· 1.	1.00	Barah	Andre	<sub>c</sub> FL	Zip Code	3/40
SIGNATURE Statute, typed or present roune of registrered agent and step all appealable. (NOTE Registrered Agent signature required when remistating)  PHITING Fee is \$50.00 Due by May 1, 2007  ***BREADRESS**  ***ANANAGING MEMBERS/AMANAGERS**  9. MANAGING MEMBERS/AMANAGERS**  10. ADDITIONS/CHANGES  ***TITLE**  ***MAME**  ***SIREET ADDRESS**  ***OFF TO PEND ADDRESS*  ***OFF TO PEND ADDRESS**  ***OFF TO PEND ADDRESS*  ***OFF TO	8. The above	named entity submits this statement for	the purpose of changing its	registere						miliar with.	and accept
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGR	SIGNATURE .	Signature, typed or printed name of registered agent an	d title il applicable. (NOTE	: Registered	Agent signature	e required w	rhen reinstating)		DATE		<del></del>
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11 Thereby certify that the information cumplied with this filing does not qualify for the evamptions contained in Chapter 110. Florida Chapter 1.6 of the contained in Chapter 110.	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR AMDOR VERO BEACH, INC. 136 THORNTON DRIVE	Delete  #18  Delete  Delete  Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP			Florida	CHANGES	Change  Change  Change  Change	Addition  Addition  Addition

I nereby 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 of 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

Date

Daytime Phone #