
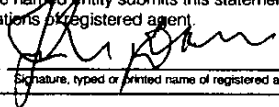
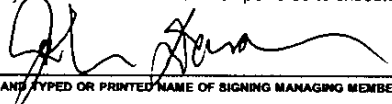


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90226 001 ***850.00

DOCUMENT # L04000026138 1. Entity Name PBRD CAMDEN, LLC					
Principal Place of Business 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135 US			Mailing Address 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 136 Thornton Drive		3. Mailing Address ← Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palm Beach Gardens FL		City & State 			
Zip 33418		Country 		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent AMBURN, JAMES W 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name John Doran Street Address (P.O. Box Number is Not Acceptable) 136 Thornton Drive City Palm Beach Gardens FL Zip Code 33418	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMDOR VERO BEACH, INC. 136 THORNTON DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

30002049



01282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0965518 Applied For
Not Applicable

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