

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90299 006 \*\*\*\*50.00

**DOCUMENT # L04000028097**

1. Entity Name

**CAMELOT HOMES LLC**



Principal Place of Business

P.O. BOX 341133  
TAMPA FL 33694

Mailing Address

P.O. BOX 341133  
TAMPA FL 33694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**74-3120994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRENCE, J. PAT**  
**5833 WHIPPOORWILL DR. 7511 ALTALOMA**  
**TAMPA FL 33625**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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]*

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME TORRENCE, PAT  
STREET ADDRESS 5833 WHIPPOORWILL DR. 7511 ALTALOMA  
CITY-ST-ZIP TAMPA FL 33625

TITLE MGRM ☐ Change ☒ Addition  
NAME Torrence, Wendy  
STREET ADDRESS 7511 Altaloma  
CITY-ST-ZIP Tampa, FL 33625

TITLE MGRM ☒ Delete  
NAME TORRENCE, SYDNEY  
STREET ADDRESS 5833 WHIPPOORWILL DR.  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE MGRM ☒ Delete  
NAME TORRENCE, RILEY  
STREET ADDRESS 5833 WHIPPOORWILL DR.  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE MGRM ☒ Delete  
NAME TORRENCE, JAMESON  
STREET ADDRESS 5833 WHIPPOORWILL DR.  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #