

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037400

Entity Name: CAMSHADE, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

20937 SAINT ANDREWS BLVD.
SUITE 21
BOCA RATON, FL 33432

New Principal Place of Business:

20937 SAINT ANDREWS BLVD.
SUITE 21
BOCA RATON, FL 33433

Current Mailing Address:

20937 SAINT ANDREWS BLVD
SUITE 21
BOCA RATON, FL 33432

New Mailing Address:

P.O. BOX 880609
BOCA RATON, FL 33488

FEI Number: 20-1140241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKOLNIK, RANDALL K
20937 SAINT ANDREWS BLVD.
STE 212
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: SKJELLERUP, JOHAN
Address: 16312 BRAEBURN RIDGE TRAIL
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR () Delete
Name: SKOLNIK, RANDALL
Address: 20937 SAINT ANDREWS BLVD., SUITE 21
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SKOLNIK, RANDALL K
Address: 20937 SAINT ANDREWS BLVD., SUITE 21
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RANDALL K. SKOLNIK

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date