

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040133

FILED
Apr 27, 2006
Secretary of State

Entity Name: CAMP LLC

Current Principal Place of Business:

8401 SHADY GLEN DR
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8401 SHADY GLEN DR
ORLANDO, FL 32819

New Mailing Address:

PO BOX 1081
WINDERMERE, FL 34786 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C.A.M.P, LLLP
8401 SHADY GLEN DRIVE
ORLANDO, FL 32819 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: CAMP, LLLP,
Address: PO BOX 1081
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM () Delete
Name: CALIXTE, CLAIRE-MARIE
Address: 8401 SHADY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: CALIXTE, ALAIN M
Address: 8401 SHADY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

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

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

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

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: CLAIRE-MARIE CALIXTE

MGR

04/27/2006

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