2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L0400043686 1. Entity Name CAMPAIGN WAREHOUSE LLC					04-29-2005 90045 007 ****55.00				
Principal Place of Business Mailing Address 138-107TH AVENUE STE. 113 138-107TH AVENUE STE. 1 TREASURE ISLAND, FL 33706-4716 TREASURE ISLAND, FL 337				4716	4 HERVAN SV				28 1 (() 1 73 1
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-LLC	CR2E083 (10)/03)		
City & State		City & State		·	4. FEI Number	05120	4B	_	plied For
Zip	Country	Žip	Country			of Status Desired	\$5.0 Fee Re	O Add	itional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New I	Registered Agent		
				Name	•				
DOBYNS, PAMELA C 138-107TH AVENUE STE. 113 TREASURE ISLAND. FL 33706-4716				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignsture required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Fiorida Department of State				
FI D	ling Fee is \$50.00 ue by May 1, 2005								•
9.	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.			Florid			
D	ue by May 1, 2005	RS/MANAGERS	10. 110.	E		Florid	a Department of	State	Addition
9. TITLE NAME	MANAGING MEMBER MGRM DOBYNS, PAMELA C		TITL	E		Florid	a Department of	State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM DOBYNS, PAMELA C 138-107TH AVENUE STE. 113	☐ Delete	TITL! NAM STRE	E ET ADDRESS		Florid	a Department of	State	
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Interest certify that the information supplied with this litting does not qualify for the exemption stated in Section 113.07(3)(i), Florida Statutes. I turner 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 pecietiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.