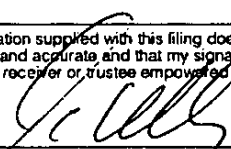


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 022 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |     |                                                                             |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000045469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |     |                                                                             |                |  |
| 1. Entity Name<br><b>S CAMDEN, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |     |                                                                             |                                                                                                 |  |
| Principal Place of Business<br><b>1111 LINCOLN RD, STE 400<br/>MIAMI BEACH FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |     | Mailing Address<br><b>1111 LINCOLN RD, STE 400<br/>MIAMI BEACH FL 33139</b> |                                                                                                 |  |
| 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<br><b>201252512</b>                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |     |                                                                             | Applied For<br><input type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br>Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><b>HOWARD, EUGENE J-ESQ -<br/>1111 LINCOLN RD, STE 400<br/>MIAMI BEACH FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                        |                                 |     | 7. Name and Address of New Registered Agent                                 |                                                                                                 |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |     | Street Address (P.O. Box Number is Not Acceptable)                          |                                                                                                 |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |     | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |     |                                                                             |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                 |     |                                                                             |                                                                                                 |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |     | 10. ADDITIONS / CHANGES                                                     |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |     | MEMBER<br><b>SCOTT WEINBERG</b> <b>4/29/05</b> <b>305 5386361</b>           |                                                                                                 |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |     | Date Daytime Phone #                                                        |                                                                                                 |  |