

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1091

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050867

1. Entity Name
CAMDEN FIELD, LLC



Principal Place of Business
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

Mailing Address
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-LLC

CR2ED83 (11/05)

4. FEI Number
20-1342711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, JAMES M
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEARNEY, BING
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRIS, TRACY J JR.
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

L00000530438
05/05/06-80117-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

TRACY J. HARRIS, JR 4/12/06

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

Date

Daytime Phone #

813-621-0855