




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90416 017 ****50.00

DOCUMENT # L04000052119					
1. Entity Name CAMDIX 1, LLC					
Principal Place of Business 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309 US			Mailing Address 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309 US		
2. Principal Place of Business 3201 Shamrock South Suite, Apt. #, etc. UNIT 104 City & State Tallahassee FL Zip 32309 Country USA		3. Mailing Address 3201 Shamrock South Suite, Apt. #, etc. Unit 104 City & State Tallahassee FL Zip 32309 Country USA		20010484 	
4. FEI Number 20-1440289				02222006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDSEY, ROBERT B 3056 ELMWOOD ROAD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, DONALD 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH ADAMS 3201 Shamrock South Unit 104 Tallahassee FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH ADAMS 3201 Shamrock South Unit 104 Tallahassee FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH ADAMS 3201 Shamrock South Unit 104 Tallahassee FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH ADAMS 3201 Shamrock South Unit 104 Tallahassee FL 32309	<input type="checkbox"/> Delete			
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:  Donald Wise				Date 2/23/06 BSO-681-9473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	