

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90036 036 \*\*\*138.75

**DOCUMENT # L04000052119**

1. Entity Name  
CAMDIX 1, LLC



Principal Place of Business  
3201 SHAMROCK S  
UNIT 104  
TALLAHASSEE, FL 32309-3349 US

Mailing Address  
3201 SHAMROCK SOUTH  
UNIT 104  
TALLAHASSEE, FL 32309-3349 US

**60029739**



04252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1440289

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WISE, DONALD E  
3201 SHAMROCK SOUTH  
UNIT 104  
TALLAHASSEE, FL 32309-3349

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME LINDSEY, ROBERT B  
STREET ADDRESS 3056 ELMWOOD ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 323093349

TITLE MGR  
NAME WISE, DONALD  
STREET ADDRESS 3201 SHAMROCK S. UNIT 104  
CITY-ST-ZIP TALLAHASSEE, FL 323093349

TITLE MGR  
NAME ADAMS, JOSEPH  
STREET ADDRESS 3201 SHAMROCK S. UNIT 104  
CITY-ST-ZIP TALLAHASSEE, FL 323093349

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

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

4/25/08

Date

579-7000

Daytime Phone #