

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90187 032 \*\*\*\*50.00

20066957



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                  |                                                                     |                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000060875</b><br>1. Entity Name<br>CAMERON ST. LUCIE GROUP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                                  |                                                                     |                                                                                                                                                                                                                               |  |
| Principal Place of Business<br>609 WEST GENESEE STREET<br>SYRACUSE, NY 13204 US                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                  | Mailing Address<br>609 WEST GENESEE STREET<br>SYRACUSE, NY 13204 US |                                                                                                                                                                                                                               |  |
| 2. Principal Place of Business<br>6007 FAIR LAKES RD<br>Suite, Apt. #, etc.<br>SUITE 100<br>City & State<br>EAST SYRACUSE, NY<br>Zip<br>13057                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | 3. Mailing Address<br>6007 FAIR LAKES RD<br>Suite, Apt. #, etc.<br>SUITE 100<br>City & State<br>EAST SYRACUSE NY<br>Zip<br>13057 |                                                                     | 01042005    Chg-LLC    CR2E083 (10/03)                                                                                                                                                                                        |  |
| 4. FEI Number<br>20-1831140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                     |                                                                                                                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                  |                                                                     | 6. Name and Address of Current Registered Agent<br>MCKIBBIN, DAVIS A ESQ.<br>901 GEORGE BUSH BOULEVARD<br>DELRAY BEACH, FL 33483                                                                                              |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                  |                                                                     |                                                                                                                                                                                                                               |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | <b>Make check payable to<br/>Florida Department of State</b>                                                                     |                                                                     |                                                                                                                                                                                                                               |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                  | <b>10. ADDITIONS/CHANGES</b>                                        |                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>VALENTI, THOMAS J<br>609 WEST GENESEE STREET<br>SYRACUSE, NY 13204 <input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>Valenti, Thomas J.<br>6007 Fair Lakes Rd<br>East Syracuse, NY 13057 <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                                                                                                                                                             |  |
| 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: <u>C. Valenti</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                                  | Date: <u>8/17/05</u> Daytime Phone #: <u>579-4420</u>               |                                                                                                                                                                                                                               |  |



**ATTACHMENT 20066957**  
**Division of Corporations**

**2005 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

|                                                   |                              |
|---------------------------------------------------|------------------------------|
| This information cannot be changed on the report. |                              |
| Document Number                                   | L04000060875                 |
| Business Entity Name                              | CAMERON ST. LUCIE GROUP, LLC |
| Original File Date                                | 08/17/2004                   |

FEI Number

Principal Address 609 WEST GENESEE STREET  
SYRACUSE, NY 13204 US

Mailing Address 609 WEST GENESEE STREET  
SYRACUSE, NY 13204 US

Registered Agent ESQ. DAVIS A MCKIBBIN  
901 GEORGE BUSH BOULEVARD  
DELRAY BEACH, FL 33483 US

Managing Member/Manager Name And Address

MGRM  
THOMAS J VALENTI  
609 WEST GENESEE STREET  
SYRACUSE, NY 13204 US

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