

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000063423 | |
| 1. Entity Name CAAMARI2000 PROPERTIES, LLC | |
| Principal Place of Business 8721 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 | Mailing Address 8721 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 |



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-1649857 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent CAAMANO, LUIS 8721 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 | 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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAAMANO, LUIS 8721 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAAMANO, MARISELA 8721 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 |
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05/29/07-80017-018-50.00

**DO NOT WRITE
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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

Date

Daytime Phone #