

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**


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08-22-2005 90188 025 \*\*\*\*50.00  
 05-04-2005 90045 026 \*\*\*\*50.00

30011001

**DOCUMENT # L04000067515**

1. Entity Name  
**CAMACHO MANAGEMENT, LLC**



Principal Place of Business  
**7500 SW 8TH STREET  
 SUITE 302  
 MIAMI, FL 33144**

Mailing Address  
**7500 SW 8TH STREET  
 SUITE 302  
 MIAMI, FL 33144**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



08022005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1618507** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TRINLEY, PAUL T ESQ  
 1675 PALM BEACH LAKES BLVD.  
 SUITE 700  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$50.00  
 Due by September 7, 2005

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Manuel Camacho Revocable Trust                  7500 SW 8th Street #302                  Miami, FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **MANUEL P. CAMACHO** 8/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #