

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094009

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CAMZU I LLC

**Current Principal Place of Business:**

500 BAYVIEW DR  
724  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

500 BAYVIEW DR  
724  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-2152027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOLINA, CARLOS A  
500 BAYVIEW DR  
724  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOLINA, CARLOS A MGRM  
Address: 500 BAYVIEW DR SUITE 818  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOLINA, CARLOS A MGRM  
Address: 500 BAYVIEW DR SUITE 724  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGR ( ) Change (X) Addition  
Name: MCGRAW, THOMAS W MGR  
Address: 500 BAYVIES DRIVE #724  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS W MCGRAW

MGR

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date