2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000008028

Entity Name: CAMZC, LLC

Current Principal Place of Business:

1915 AIRPORT BLVD.
MELBOURNE, FL 32941

New Principal Place of Business:

1905 AIRPORT BLVD.
MELBOURNE, FL 32941

Current Mailing Address:

1915 AIRPORT BLVD.
MELBOURNE, FL 32941

New Mailing Address:

1905 AIRPORT BLVD.
MELBOURNE, FL 32941

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARKIN, DAVID G
1900 S. HICKORY STREET, SUITE A
FALLACE & LARKIN, L.C.
MELBOURNE, FL 32901 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: FISCHER, MICHAEL R
Address: 1915 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM ( ) Delete
Name: MCGANN, STEVEN
Address: 1915 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FISCHER, MICHAEL R
Address: 1905 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM (X) Change ( ) Addition
Name: MCGANN, STEVEN
Address: 1905 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL FISCHER MGMR 04/18/2006

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