

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017955

Entity Name: CAM DEL COCUY LLC

FILED  
May 07, 2006  
Secretary of State

## Current Principal Place of Business:

3504 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431

## New Principal Place of Business:

3504 PINEHAVEN CIRCLE  
BOCA RATON, FL 33431 US

## Current Mailing Address:

3504 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431

## New Mailing Address:

15075 MICHELANGELO BLVD  
203  
DELRAY BEACH, FL 334466000 US

FEI Number: 20-2383838      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CADAVID, MYRIAM M  
18429 VILLA REGINA  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

CADAVID, MYRIAM M  
15075 MICHELANGELO BLVD  
203  
DELRAY BEACH, FL 334466000 US

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:

05/07/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CADAVID, MYRIAM M  
Address: 18429 VILLA REGINA  
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM ( ) Delete  
Name: BASTIDAS, JEFFERSON  
Address: 1800 SOUTH OCEAN DRIVE APT 510  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM ( ) Delete  
Name: BASTIDAS, ROSA  
Address: 1800 SOUTH OCEAN DRIVE APT 510  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete  
Name: RINCON, FRANCISCO  
Address: 3504 PINE HAVEN CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: RINCON, LEONOR M  
Address: 3504 PINE HAVEN CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CADAVID, MYRIAM M  
Address: 15075 MICHELANGELO BLVD #203  
City-St-Zip: DELRAY BEACH, FL 334466000 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MYRIAM M CADAVID

MGRM

05/07/2006

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