


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90185 005 \*\*\*\*55.00

<b>DOCUMENT # L05000022529</b>	
1. Entity Name <b>CAMP-22 LLC</b>	

Principal Place of Business <b>2503 DEL PRADO BLVD. #405 CAPE CORAL, FL 33904</b>	Mailing Address <b>2503 DEL PRADO BLVD. #405 CAPE CORAL, FL 33904</b>
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2. Principal Place of Business <b>4037 OASIS BLVD.</b>	3. Mailing Address <b>4037 OASIS BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>
Zip <b>33914</b>	Zip <b>33914</b>
Country <b>USA</b>	Country <b>USA</b>

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3466816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CAMPAGNOLO, JASON 2503 DEL PRADO BLVD. #405 CAPE CORAL, FL 33904</b>	
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7. Name and Address of New Registered Agent Name <b>RICHARD L. MICHEL c/o CAMPAGNOLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4037 OASIS BLVD.</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>	
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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 <u>Richard L. Michel / ap</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE	
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MICHAEL, RICHARD L 2503 DEL PRADO BLVD. CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MICHEL, RICHARD L. c/o CAMPAGNOLO 4037 OASIS BLVD. CAPE CORAL FL 33914</b> <input checked="" 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 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 Richard L. Michel / ap