


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90031 013 \*\*\*\*50.00

DOCUMENT # L05000038610					
1. Entity Name <b>CAMAC CAPRICE LLC</b>					
Principal Place of Business <b>550 S.E. MIZNER BOULEVARD APT. 802 BOCA RATON FL 33432</b>			Mailing Address <b>550 S.E. MIZNER BOULEVARD APT. 802 BOCA RATON FL 33432</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>CAMAC, HOWARD 550 S.E. MIZNER BOULEVARD APT. 802 BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"><span><b>FL</b></span><span>Zip Code</span></div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMAC, HOWARD 550 S.E. MIZNER BOULEVARD, #802 BOCA RATON FL 33432	<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 Section 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: <i>Howard Camac</i>			Date: <i>4/17/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					