## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR\*)

## DOCUMENT # L05000038610

1. Entity Name



## FILED Apr 17, 2006 8:00 am Secretary of State 03-16-2006 90031 013 \*\*\*\*50.00

CAMAC CAPRICE LLC									
Principal Plac	ce of Business		Maiting Address			1			
550 S.E. MIZNER BOULEVARD APT. 802 BOCA RATON FL 33432			550 S.E. MIZNER BOULEVARD APT. 802 BOCA RATON FL 33432						
2. Principal Place of Business			3. Mailing Address				19111 OCAN 83333 E	AL CONTRACTOR STATE OF	
Suite. Apt. #, etc.			Suite, Apt. #. etc.			1st MOORE	CR2E08	3 (10/05)	
City & State			City & State			4. FEI Number 3728/0	フフ	<u> </u>	pplied For
Zip	Country		Zip Count		try	5. Certificate of Status Desired	a 🗆	\$5.00 Ad Fee Require	ditional
6. Name and Address of Current			t Registered Agent			7. Name and Address of Nev	v Registered	Agent	
					Name				
550	MAC, HOW S.E. MIZN T. 802	/ARD IER BOULEVARD	)		Street Address	(P.O. Box Number is Not Accepta	ible)		
BOCA RATON FL 33432			City			F	Zip Coo	de .	
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.					ed office or registe	rred agent, or both, in the State of			, and accept
SIGNATURE									
POST CONTROL OF THE CONTROL OF CONTROL OF CONTROL OF THE CONTROL O									
			Make Check Payab	ile to Flo	EE IS \$50.00 orida Departme ny 1, 2006	int of State			
9.		MANAGING MEMB	BERS/MANAGERS 10.			ADDITION	IS/CHANGE	<del></del>	
TITLE	MGRM		☐ Delete	TITLE		7.00		Change	Addition
NAME	CAMAC, HO	DWARD		NAME	:			<u> </u>	
STREET ADDRESS 550 S.E. MIZNER BOULEVARD, #8 CITY-ST-ZIP BOCA RATON FL 33432			7802		ET ADDRESS -ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS				NAME	ET ADDRESS				
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NAME			_ ~~~	NAME	1				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the					ST-ZIP				
11. I hereby	certify that the	information supplied w	ith this filing does not qualify.	for the exc	emptions containe	ed in Section 119, Florida Statutes	s. I further ce	rtify that the i	nformation

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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOWARD SPECIOR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #