

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90008 026 \*\*\*\*50.00

20024475



02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2710007** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L05000038823**  
1. Entity Name  
**CAMDEN PARK OF COMMERCE, LLC**



Principal Place of Business  
**3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104 US**

Mailing Address  
**3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
**RITCHIE, RONALD W ESQ  
5129 CASTELLO DRIVE  
SUITE 4  
NAPLES, FL 34103**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ARNOLD, JOHN L 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104</b> <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:** *[Signature]* **3-27-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #