


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000050196 1. Entity Name CAMERO, LLC	
--	---

Principal Place of Business 11091 NW 27 STREET SUITE 100 MIAMI, FL 33172 US	Mailing Address 11091 NW 27 STREET SUITE 100 MIAMI, FL 33172 US
---	---



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2870299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CALDERON, STEVEN M 11091 NW 27 STREET SUITE 100 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

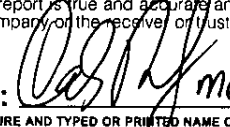
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000888833
04/22/08-80024-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, STEVEN M 11091 NW 27 STREET, SUITE 100 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELENDEZ, CARLOS 4511 NW 94 CT. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMERO, LUIS 11091 NW 27 STREET, SUITE 100 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  MGRM CARLOS MELENDEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1-8-08 <small>Date</small>	305-592-1223 <small>Daytime Phone #</small>
--	--------------------------------------	---