2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000076986

1. Entity Name CAMINO REALE PROPERTIES, LLC



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4700 MILLINIA BOULEVARD SUITE 175 ORLANDO, FL 32839

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DO NOT WRITE IN THIS SPACE

01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3261249 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

O'LEARY, D. MICHAEL

101 E. KENNEDY BOULEVARD, SUITE 2700 TAMPA, FL 33602		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, typed or printed name of registered agent and title it applicable. (NOTE: Registe	red Agent signeture required when reinstating) DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78				
9.	MANAGING MEMBERS/MANAGERS	<u>.</u>]		
TITLE	MGR	·		
NAME	DEGASPERIS, ALFREDO			
STREET ADDRESS	30 FLORAL PARKWAY	, in the second of the second		
CITY-ST-ZIP	CONCORD ONTARIO, 14k 4r1			
TITLE	MGR	Boooggagatto		
NAME	DEGASPERIS, ANTONIO	U00000795119		
STREET ADDRESS	30 FLORAL PARKWAY	01/28/08-80035-016 138.75		
CODY OF THE	CONCORD ONTARIO 141, 4:-4	•		

DO NOT WRITE IN THIS SPACE

NAME	DEGASPERIS, ANTONIO	
STREET ADDRESS	30 FLORAL PARKWAY	
CITY-SI-ZIP	CONCORD ONTARIO, 14k 4r1	
TITLE	MGR	
NAME	SIMM, DENNIS R	
STREET ADDRESS	30 FLORAL PARKWAY	
CITY-ST-ZIP	CONCORD ONTARIO, I4k 4r1	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of trustep empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI LAGING MEMBER, OR AUTHORIZED REPRESENTATIVE