## **2007-LIMITED LIABILITY COMPANY**ANNUAL REPORT

## ANNUAL REPORT Jan 11, 2007 08:00 AM DOCUMENT #L05000077881 **Secretary of State** 1. Entity Name CAMPI ENTERPRISES, LLC Principal Place of Business Mailing Address 5556 PALMER BLVD 5556 PALMER BLVD SARASOTA, FL 34234 SARASOTA, FL 34234 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3269354 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COMPARETTO, MARIO L DO NOT WRITE 5556 PALMER BLVD SARASOTA, FL 34232 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 Signature, typed or printed name of registered agent and opicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000582075 01/11/07-80016-009 50.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS THLE MGR COMPARETTO, MARIO LUR NAME STREET ADDRESS 5556 PALMER BLVD CITY-ST-ZIP SARASOTA, FL 34232 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NEMBER, OR AUTHORIZED REPRESENTATIVE

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

FILED