## 2008 LIMITED TIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000084700

1. Entity Name

CAMDEN INVESTMENT PROPERTY, LLC



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

127 NANDÎNA CIRCLE PONTE VEDRA BEACH, FL 32082 Mailing Address

127 NANDINA CIRCLE

PONTE VEDRA BEACH, FL 32082



04272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3367761

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAEFFER, LILIA B 127 NANDINA CIRCLE PONTE VEDRA BEACH, FL 32082

## 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									
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required when reinstating) DATE						
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	•	000000944042 05/29/08-80083-022 138.75						
9.	MANAGING MEMBERS/MANAGERS								
TITLE	VP								
NAME '	SHAEFFER, WILLIAM L								
STREET ADDRESS	127 NANDINA CIRCLE								
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082								
TITLE									
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE									
NAME									
STREET ADDRESS			DO NOT WRITE						
CITY-ST-ZIP			DO MOI WKITE						

## DO NOT WRITE IN THIS SPACE

11. I nereby 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.

21	GN	IAT	116	<b>&gt;</b> =	
21	QI1	$\sim$	O1	٠.	

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

W. Shapp

4-29-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #