

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016656

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** CAMDEN VIEW, L.L.C.

**Current Principal Place of Business:**

350 OCEANVIEW AVE.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

505 ORANGE STREET  
OZONA, FL 34660

**Current Mailing Address:**

350 OCEANVIEW AVE.  
PALM HARBOR, FL 34683

**New Mailing Address:**

P.O. BOX 523  
OZONA, FL 34660

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CULLEN, NORMAN G JR.  
346 BAY STREET  
OZONA, FL 34683 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CULLEN, NORMAN G JR.  
Address: P.O. BOX 523  
City-St-Zip: OZONA, FL 34660

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** NORMAN CULLEN

MNG

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date