2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019108

Entity Name: C-AM INVESTMENTS, LLC

FILED Mar 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 43754 KEEN CEMETERY ROAD SUITE B-1 CALLAHAN, FL 320117317 US **Current Mailing Address: New Mailing Address:** 43754 KEEN CEMETERY ROAD SUITE B-1 CALLAHAN, FL 320117317 US FEI Number: 20-4348334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYD, ANDREW R 43754 KEEN CEMETERY ROAD SUITE R-1 CALLAHAN, FL 320117317 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOYD, ANDREW R Name: Name: 43754 KEEN CEMETERY ROAD, SUITE R-1 Address: Address: City-St-Zip: CALLAHAN, FL 320117317 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition BOYD, KAREN R Name: Name: Address: 43754 KEEN CEMETERY ROAD, SUITE R-1 Address: City-St-Zip: CALLAHAN, FL 320117317 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition BLAIR, THOMAS A Name: Name: 54025 JEANNIE ROAD, P O BOX 1670 Address: Address: City-St-Zip: CALLAHAN, FL 320117317 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition VASQUEZ, MEREDITH C Name: Name: SO. SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ Address: Address: City-St-Zip: GUANACASTE, COSTA RICA, CR 000000000 CR City-St-Zip: Title: () Delete Title: NONE () Change (X) Addition Name: Name: NONE, NONE SO. SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ Address: Address: City-St-Zip: City-St-Zip: GUANACASTE, COSTA RICA, CR 000000000 CR Title: () Delete Title: NONE () Change (X) Addition NONE. NONE Name: Name: Address: Address: SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ GUANACASTE, COSTA RICA, CR 000000000 CR City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW R. BOYD MGRM 03/04/2007