2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019108

Entity Name: C-AM INVESTMENTS, LLC

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7079 DELAWARE CT

JACKSONVILLE, FL 322101122 US

Current Mailing Address: New Mailing Address:

7079 DELAWARE CT

JACKSONVILLE, FL 322101122 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 BOYD, KAREN R 7079 DELAWARE CT 7079 DELAWARE CT

JACKSONVILLE, FL 322101122 US JACKSONVILLE, FL 322101122 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: KAREN R. BOYD 03/29/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete MGRM

(X) Change () Addition BOYD, ANDREW R Name: BOYD, KAREN R Name: 7079 DELAWARE CT Address: 7079 DELAWARE CT Address:

City-St-Zip: JACKSONVILLE, FL 322101122 US City-St-Zip: JACKSONVILLE, FL 322101122 US

Title: MGR Title: LP (X) Change () Addition () Delete BOYD, KAREN R Name: BOYD, ANDREW R Name:

Address: 7079 DELAWARE CT Address: 7079 DELAWARE CT City-St-Zip: JACKSONVILLE, FL 322101122 US City-St-Zip: JACKSONVILLE, FL 322101122 US

Title: MGR () Delete Title: LP (X) Change () Addition BLAIR, THOMAS A BLAIR, THOMAS A Name: Name:

54025 JEANNIE ROAD, P O BOX 1670 54311 EVERGREEN TRL Address: Address: City-St-Zip: CALLAHAN, FL 320117317 US City-St-Zip: CALLAHAN, FL 320117874 US

Title: MGR () Delete Title: ΙP (X) Change () Addition

VASQUEZ, MEREDITH C Name: Name: BOYD, BRANDON R SO. SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ Address: SO. SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ Address: City-St-Zip: GUANACASTE, COSTA RICA, CR 000000000 CR City-St-Zip: GUANACASTE, COSTA RICA, CR 000000000 CR

Title: NONE (X) Delete Title: () Change () Addition

NONE, NONE 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: NONE (X) Delete Title: () Change () Addition

NONE, NONE Name: Name: Address: SIDE OF PLAZA 27 DE ABRIL, SANTA CRUZ Address: 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 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: KAREN R. BOYD **MGRM** 03/29/2009