


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020215 1. Entity Name CAMELOT DRIVE HOLDINGS, LLC	
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Principal Place of Business 109 STEVENS STREET JACKSONVILLE, FL 32236	Mailing Address 109 STEVENS STREET JACKSONVILLE, FL 32236
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DO NOT WRITE IN THIS SPACE

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4381731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

U000000957869
08/18/08-80006-011 538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIPPO HOLDINGS, LLC 10 OLD RIDGE PLACE ATLANTA, GA 30327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 2/2/08 08/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #