2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2007
Secretary of State

DOCUMENT# L06000022256

Entity Name: CAMP CANOE, LLC

Current Principal Place of Business:

111 ORANGE AVE., STE. 300
FT PIERCE, FL 34950

New Principal Place of Business:

801 S. OCEAN DRIVE
UNIT # 1001
FT PIERCE, FL 34949

Current Mailing Address:

111 ORANGE AVE., STE. 300
FT PIERCE, FL 34950

New Mailing Address:

801 S. OCEAN DRIVE
UNIT # 1001
FT PIERCE, FL 34949

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR.
500 VIRGINIA AVE., STE. 202
FT PIERCE, FL 34982 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: STIKELETHER, RITA
Address: 111 ORANGE AVE., STE. 300
City-St-Zip: FT PIERCE, FL 34950

Title: MGR ( ) Delete
Name: STIKELETHER, GRAHAM
Address: 111 ORANGE AVE., STE. 300
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STIKELETHER, RITA
Address: 801 S. OCEAN DRIVE, #1001
City-St-Zip: FT PIERCE, FL 34949

Title: MGR (X) Change ( ) Addition
Name: STIKELETHER, GRAHAM
Address: 801 S. OCEAN DRIVE, #1001
City-St-Zip: FT PIERCE, FL 34949

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: RITA B STIKELETHER MGR 01/13/2007

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