


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90121 016 ****55.00

DOCUMENT # L06000030981	
1. Entity Name CAMPBELL'S INSTALL LLC	

Principal Place of Business 6001 PAT AVE. N. LEHIGH ACRES, FL 33971	Mailing Address 6001 PAT AVE. N. LEHIGH ACRES, FL 33971
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2. Principal Place of Business - No P.O. Box # 6001 PAT AVE. N	3. Mailing Address 6001 PAT AVEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEHIGH ACRES FL	City & State LEHIGH ACRES FL
Zip 33971	Country LEE
Zip 33971	Country LEE

6. Name and Address of Current Registered Agent CAMPBELL, DON E 13100 HAMILTON HARBOUR DRIVE UNIT G-8 NAPLES, FL 34110	
7. Name and Address of New Registered Agent Name DON E CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 6001 PAT AVEN City LEHIGH ACRES FL Zip Code 33971	

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

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMPBELL, DON E 13100 HAMILTON HARBOUR DRIVE NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMPBELL, DON E 6001 PAT AVEN LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don Edward Campbell* 08/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #