

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-20-2007 90144 022 ****50.00

DOCUMENT # L06000032861 1. Entity Name PRESERVE AT CAMPTON, LLC			
Principal Place of Business 4100 S. FERDON BLVD. CRESTVIEW, FL 32563		Mailing Address 5887 GLENRIDGE DRIVE SUITE 275 ATLANTA, GA 30328	
2. Principal Place of Business - No P.O. Box # 4958 Paradise Isles		3. Mailing Address Suite, Apt. #, etc. 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Destin, Florida		City & State 	
Zip 32541		Country 	
4. FEI Number 04-3851656		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, BRET A THE MOORE LAW FIRM, P.A. 135 E JOHN SIMS PARKWAY NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name Bruce Houle Street Address (P.O. Box Number is Not Acceptable) 4958 Paradise Isles City Destin FL Zip Code 32541	
8. The above named entity, subject to 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 Bruce Houle, Member 3-15-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME Weir, Phil STREET ADDRESS 5887 Glenridge Dr. Ste 275 CITY-ST-ZIP Atlanta, Ga 30328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE MGR NAME Houlihan, Eric STREET ADDRESS 5887 Glenridge Dr. Ste 275 CITY-ST-ZIP Atlanta, Ga 30328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE MGR NAME Houle, Bruce STREET ADDRESS 4958 Paradise Isles CITY-ST-ZIP Destin, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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"/> Ad
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"/> Ad
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"/> Ad
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:		3-15-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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