


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000040186 1. Entity Name TINDEL CAMP GROVE, LLC	
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Principal Place of Business 340 W. CENTRAL AVE. 330 WINTER HAVEN, FL 33883	Mailing Address P.O. BOX 7692 WINTER HAVEN, FL 33883
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4713900	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 FEGERS, ROBERT G 340 W. CENTRAL AVE. 330 WINTER HAVEN, FL 33883	DO NOT WRITE IN THIS SPACE
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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.

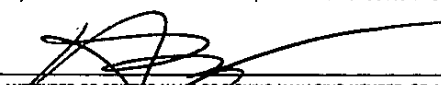
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FEGERS, ROBERT G 340 W. CENTRAL AVE., SUITE 330 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKERAHAN, DANIEL 340 W. CENTRAL AVE., SUITE 330 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRINGER, RAYMOND L 340 W. CENTRAL AVE., SUITE 330 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Robert G. Fegers MGRM** **1/16/08** **863-294-3600**
Daytime Phone #