


**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**



Principal Place of Business      Mailing Address

**340 W. CENTRAL AVE.  
 330  
 WINTER HAVEN, FL 33883**

**P.O. BOX 7692  
 WINTER HAVEN, FL 33883**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For

**20-4713900**      Not Applicable

5. Certificate of Status Desired       **\$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**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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


**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FEGERS, ROBERT G
STREET ADDRESS	340 W. CENTRAL AVE., SUITE 330
CITY - ST - ZIP	WINTER HAVEN, FL 33883
TITLE	MGRM
NAME	MCKERAHAN, DANIEL
STREET ADDRESS	340 W. CENTRAL AVE., SUITE 330
CITY - ST - ZIP	WINTER HAVEN, FL 33883
TITLE	MGRM
NAME	STRINGER, RAYMOND L
STREET ADDRESS	340 W. CENTRAL AVE., SUITE 330
CITY - ST - ZIP	WINTER HAVEN, FL 33883
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000789184  
 01/22/08-80016-011 138.75

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:**       **1/16/08**      **863-294-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Robert G. Fegers MGRM**      Daytime Phone #