2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| ANNUAL REPORT | | | | |
|---|---|---------------------------------|-------------------------------|--|
| DOCUMENT # L06000045676 1. Entity Name | | | | |
| CAMEO | ANTIQUE MALL LLC | | | FILED |
| Principal Place of Business 5608 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US Mailing Address 5608 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 U | | JS | 2008 OCT -3 A II: 18 | |
| 332 SIEEE, 12 3233 33 | | | | |
| _ | | | | 07082008 No Chg-LLC CR2E083 (12/07) |
| D | O NOT WRITE | IN THIS SPA | CE | 4. FEI Number Applied For 59-3553805 Not Applicable |
| | | | | 5. Certificate of Status Desired S5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | |
| SERVICE, MARY H 6826 LIBERTY STREET NAVARRE, FL 32566 | | | 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 Signature, typed or printing righter of registered agent and title if applicable. (NOTE: Registered Agent arginature required when rensisting) DATE | | | | |
| FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. | | | | |
| 9. | MANAGING MEMBER | S/MANAGERS | | |
| NAME STREET ADDRESS | MGR SERVICE, MARY H 6826 LIBERTY STREET | | | |
| TITLE | NAVARRE, FL 32566 | | ł | |
| NAME | | | ŀ | 200136469792 09/30/0801013005 **138.75 |
| STREET ADDRESS CITY-ST-ZIP | | | | 09/30/0801013005 **138.75 |
| TITLE | | | | |
| name Street address | E. | | | DO NOT WOITE |
| CITY+ST-ZIP | | | | |
| title Name | | | | IN THIS SPACE |
| STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | | | |
| NAME Street address | | | | |
| CITY-ST-ZP | | | | |
| TITLE NAME | | | REIN | NSTATEMENT 2009 |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | portify that the information and the | his filling days and any off of | <u></u> | |
| 11. I hereby certify that the information supplied with this filling 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. | | | | |
| Ma attenuente | | | | |
| SIGNATURE: 7/QUAL YOUR 9-10.08 | | | | |