

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048059

FILED
Apr 30, 2007
Secretary of State

Entity Name: CAMPS INVESTMENTS, LLC

Current Principal Place of Business:

13528 SW 21ST STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

173528 SW 21ST STREET
MIRAMAR, FL 33025

New Mailing Address:

13528 SW 21ST STREET
MIRAMAR, FL 33027

FEI Number: 20-4884770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNE, MICHAEL
13528 SW 21ST STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWNE, MICHAEL
Address: 173528 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWNE, MICHAEL
Address: 13528 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Change (X) Addition
Name: SMITH, ANGELA
Address: 1251 SW 112TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR () Change (X) Addition
Name: GAYLE, CRAIG
Address: 3948 CASCADE TERRACE
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL BROWNE

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date