

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90356 010 ****50.00

DOCUMENT # L06000057894

1. Entity Name
CAM 1, LLC



Principal Place of Business
**4333 SILVER STAR ROAD
SUITE 175
ORLANDO, FL 32808**

Mailing Address
**4333 SILVER STAR ROAD
SUITE 175
ORLANDO, FL 32808**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007 Chg-LLC CR2E083 (12/06)

4. FEL Number

20-4994363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENKIRAN & ASSOCIATES, P.A.
1999 WEST COLONIAL DRIVE
SUITE 208
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name **Charles McNulty**
Street Address (P.O. Box Number is Not Acceptable)
**442 Timber Ridge Dr
Longwood FL 32779**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNULTY, CHARLES A 4333 SILVER STAR ROAD ORLANDO, FL 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/07 4076694245

Date

Daytime Phone #