

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079440

Entity Name: CAMKATE LLC

FILED  
Jan 11, 2008  
Secretary of State

**Current Principal Place of Business:**

27232 SOUTH FEDERAL HIGHWAY  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2162  
NARANJA, FL 33032

**New Mailing Address:**

PO BOX 700189  
GOULDS, FL 33170

FEI Number: 20-8033059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COPE, DIANE L  
27232 SOUTH DIXIE HWY  
NARANJA, FL 33032 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: MGR ( ) Delete  
Name: COPE, DIANE L  
Address: 27232 SOUTH FEDERAL HWY  
City-St-Zip: NARANJA, FL 33032

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: COPE, ORRIN H  
Address: 27232 SOUTH FEDERAL HWY  
City-St-Zip: NARANJA, FL 33032

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: L DIANE COPE

MGR

01/11/2008

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