

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079440

Entity Name: CAMKATE LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

27232 SOUTH FEDERAL HIGHWAY
NARANJA, FL 33032

New Principal Place of Business:

75 W PALM DR
FLORIDA CITY, FL 33034

Current Mailing Address:

PO BOX 700189
GOULDS, FL 33170

New Mailing Address:

PO BOX 349167
FLORIDA CITY, FL 33034

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:

COPE, DIANE L
75 W PALM DR
FLORIDA CITY, FL 33034 US

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:

03/23/2009

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COPE, DIANE L
Address: 17651 NW 256 ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGR (X) Change () Addition
Name: COPE, ORRIN H
Address: 17651 NW 256 ST
City-St-Zip: HIGH SPRINGS, FL 32643

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

MRG

03/23/2009

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