2007 LIMITED LIABILITY COMPANY

Jul 18, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000096563** 07-18-2007 90014 029 ****50.00 1. Entity Name MARK CAMERON LLC Principal Place of Business Mailing Address **465 PATRICIA AVENUE 465 PATRICIA AVENUE** DUNEDIN, FL 34698 DUNEDIN, FL 34698 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR Delete TITLE Change ☐ Addition CAMERON, MARK NAME NAME 465 PATRICIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP ST TITLE Delete TITLE ☐ Change Addition CAMERON, MARK NAME NAME 465 PATRICIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP

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.

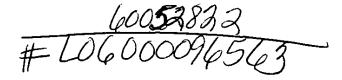
AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date

FILED

ATTACHMENT



July 9, 2007

Florida Department of Corporations PO Box 6478 Tallahassee FL 32314

Mark Comorn

Dear Sir or Madam:

Enclosed please find a copy of our 2007 annual report. Until this notice of Dissolution, we never received any notification as to a filing being due. Attached is the 2007 annual filing and the \$50.00 fee.

Also, please note the change of address on the annual filing. Your prompt attention to this matter is greatly appreciated.

Sincerely,

Mark Cameron