

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106064

Entity Name: 215 CAMDEN, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

5274 TIFFANY ANNE CIRCLE  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5274 TIFFANY ANNE CIRCLE  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 20-8055109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORR, STEPHEN  
300 NE 20TH STREET, UNIT 704  
BOCA RATON, FL 33431 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: CORR, STEPHEN  
Address: 300 NE 20TH STREET, UNIT 704  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: O'KEEFE, JAMES  
Address: 5274 TIFFANY ANNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM ( ) Delete  
Name: LYNCH, DANIEL  
Address: 1 POLK AVENUE  
City-St-Zip: NORTHPORT, NY 11731

**ADDITIONS/CHANGES:**

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

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: JAMES OKEEFE

MGMR

04/28/2009

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