

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000106978

FILED
Sep 27, 2007
Secretary of State

Entity Name: CAM BROKERAGE & MANAGEMENT SERVICES LLC

Current Principal Place of Business:

8300 NW 53 STREET
SUITE 350
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8300 NW 53 STREET
SUITE 350
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-5821760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTERO, ARMANDO
8300 NW 53 STREET
SUITE 350
DORAL, FL 33166 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: MONTERO, ARMANDO
Address: 8300 NW 53 STREET SUITE 350
City-St-Zip: DORAL, FL 33166

Title: MGRM () Delete
Name: MONTERO, ZENIA
Address: 8300 NW 53 STREET SUITE 350
City-St-Zip: DORAL, FL 33166

Title: MNGR () Delete
Name: MENOCA, CARLOS A
Address: 8300 NW 53 STREET SUITE 350
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES:

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

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

Title: MNGR (X) Change () Addition
Name: CICERRELLI, JOSEPH R
Address: 8300 NW 53 STREET SUITE 350
City-St-Zip: DORAL, FL 33166

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: ARMANDO MONTERO

MGRM

09/27/2007

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