

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90091 038 \*\*\*148.75

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<b>DOCUMENT # L07000034634</b> 1. Entity Name <b>CAMP PO BOY, LLC</b>					
Principal Place of Business <b>1717 WELLON RANCH ROAD PARRISH, FL 34219</b>			Mailing Address <b>1717 WELLON RANCH ROAD PARRISH, FL 34219</b>		
2. Principal Place of Business - No P.O. Box # <b>1717 Wellon Ranch Rd</b>		3. Mailing Address <b>1717 Wellon Ranch Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Parrish, FL</b>		City & State <b>Parrish, FL</b>		4. FEI Number <b>26-1817283</b>	
Zip <b>34219</b>		Country <b>U.S.</b> <b>Manatee</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GARROTT, JOHN M 1717 WELLON RANCH ROAD PARRISH, FL 34219</b>			7. Name and Address of New Registered Agent Name <b>John M. GARROTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1717 Wellon Ranch Rd.</b> City <b>PARRISH, FL</b> Zip Code <b>34219</b>		
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 the obligations of registered agent. <b>John M. Garrott</b> SIGNATURE <b>John M. Garrott (MGR)</b> DATE <b>1/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to: Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, JOHN M 1717 WELLON RANCH ROAD PARRISH, FL 34219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, ADAM MILES 11706 SYCAMORE PLACE TAMPA, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, JOE F P.O. BOX 606 ELLENTON, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, G. MICHAEL 2200 51ST STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, E.H. JR. 195-B RED TUTTLE ROAD BETHPAGE, TN 37022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARROTT, E.H. JR. 195-B RED TUTTLE ROAD BETHPAGE, TN 37022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <b>John M. Garrott</b> DATE <b>1/23/08</b> DAYTIME PHONE # <b>(941) 812-9554</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					