

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058621

FILED
Mar 23, 2009
Secretary of State

Entity Name: CAMPEN PROPERTIES LLC

Current Principal Place of Business:

6550 ST. AUGUSTINE ROAD
SUITE 203
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4446 HENDRICKS AVE.
SUITE 365
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPEN, BEN H
4446 HENDRICKS AVE.
SUITE 365
JACKSONVILLE, FL 32207 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: CAMPEN, BEN H
Address: 4446 HENDRICKS AVE. SUITE 365
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: CAMPEN, BEN
Address: 5348 NW 9TH LANE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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: BEN H. CAMPEN

MGRM

03/23/2009

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