


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90214 001 \*\*\*277.50

<b>DOCUMENT # L07000099653</b> 1. Entity Name <b>CAMERON HOLDINGS-RESIDENTIAL, LLC</b>					
Principal Place of Business <b>6356 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884</b>			Mailing Address <b>6356 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>26-1299003</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAMMONS, ROBERT O ESQ 1556 SIXTH STREET SE WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <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 \$538.78</b>		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMERON, ROBERT 6356 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMERON, CATHERINE 6356 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert O Sammons</i>				Date: <b>3/5/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					