

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092689

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CAMPBELL II ENTERPRISES LLC

## Current Principal Place of Business:

2190 S.W. 195 AVENUE  
MIRAMAR, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

2190 S.W. 195 AVENUE  
MIRAMAR, FL 33029

## New Mailing Address:

FEI Number: 80-0265124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, GREGORY S  
2190 S.W. 195 AVENUE  
MIRAMAR, FL 33029 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: MGR ( ) Delete  
Name: CAMPBELL, GREGORY S  
Address: 2190 S.W. 195 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete  
Name: CAMPBELL, ANNA D  
Address: 2190 S.W. 195 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete  
Name: CAMPBELL, GREGORY S II  
Address: 2190 S.W. 195 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

## 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: GREGORY CAMPBELL

MGR

04/30/2009

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