

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000139

Entity Name: CAMAC, L.L.C.

FILED
Mar 26, 2005
Secretary of State

Current Principal Place of Business:

8819 S. BAY DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8819 S. BAY DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-7181858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREY, CHARLES C
8819 S. BAY DRIVE
ORLANDO, FL 32819 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/MEMBERS:

Title: MGRM () Delete
Name: FREY, CHARLES C
Address: 8819 S. BAY DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: FREY, DIANA M
Address: 8819 S. BAY DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: FREY, MATTHEW C
Address: 8819 S. BAY DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: FREY, JOYCE A
Address: 8819 S. BAY DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: FREY, NICOLE A
Address: 8819 S. BAY DRIVE
City-St-Zip: ORLANDO, FL 32819

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:

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES C FREY

MGRM

03/26/2005

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