


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90103 018 \*\*\*\*50.00

<b>DOCUMENT # L99000004652</b> 1. Entity Name <b>CAM ASSOCIATES, L.L.C.</b>					
Principal Place of Business <b>2300 CORPORATE BOULEVARD N.W.</b> <b>SUITE 131</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>2300 CORPORATE BOULEVARD N.W.</b> <b>SUITE 131</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>811 NE 77th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>811 NE 77th Street</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-0934351</b>	
Zip <b>33487</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPRINKLE, PHILIP M II, ESQ</b> <b>777 SOUTH FLAGLER DRIVE, SUITE 900</b> <b>EAST TOWER</b> <b>WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>GERALD B. COFFEY AND ASSOCIATES, INC.</b> <input type="checkbox"/> Delete <b>3020 CANTERBURY DRIVE</b> <b>BOCA RATON, FL 33434</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>J&amp;L SALES AGENCY, INC.</b> <input type="checkbox"/> Delete <b>811 N.E. 77TH STREET</b> <b>BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BRIAN MOCK INC. 333</b> <input type="checkbox"/> Delete <b>346 LAKE BRITTANY COURT</b> <b>HEATHROW, FL 32746</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>333 Lake Brittany Court</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: K. Lee Annunziata</b>			<b>2/15/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
<b>561-241-8797</b>			<small>Daytime Phone #</small>		