## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L99000006075** 03-03-2005 90028 028 \*\*\*\*50.00 CAMELOT HOLDINGS, L.C. Principal Place of Business Mailing Address 13 FISHER ISLAND DRIVE 13 FISHER ISLAND DRIVE 20018023 FISHER ISLAND, FL 33109 FISHER ISLAND, FL 33109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03012005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 65-0951184 Not Applicable Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMELOT PERSONAL SERVICES CO., INC. Street Address (P.O. Box Number is Not Acceptable) 13 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 City Zip Code FL 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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when rematating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM Delete ☐ Change ☐ Addition DINABURG, BARBARA NAME MAME STREET ADDRESS 2689 NW 63 STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP MGRM TIPPETT, SUSAN TO NE 69 TH STREET APT 7H HIAMI, FL 33138 MGRM RILE ☐ Delete TITI F TIPPETT, SUSAN NAME NAME STREET ADDRESS 770 N.E. 69TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP TITLE ☐ Defete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADORESS CATY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 yeceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Mar 03, 2005 8:00 am