

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90120 039 \*\*\*\*50.00

**DOCUMENT # M03000001033**

1. Entity Name  
**TAMCAM VACATION PROPERTIES, L.L.C.**



Principal Place of Business

**3519 FLAGLER AVENUE  
KEY WEST, FL 33040**

Mailing Address

**3519 FLAGLER AVENUE  
KEY WEST, FL 33040**

**24003462**



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**47-0828229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAMDEN, TAMARA  
3519 FLAGLER AVENUE  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

*ps cr# 2604*

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMDEN, TAMARA 3519 FLAGLER AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMDEN, WESLEY 3519 FLAGLER AVENUE KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Tamara Camden, MGRM*  
*1-7-04 305-296-4144*