

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000084

Entity Name: CAM OF ILLINOIS, LLC

FILED  
Feb 24, 2007  
Secretary of State

**Current Principal Place of Business:**

300 DANIEL BOONE TRAIL  
SOUTH ROXANA, IL 62087

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 861  
SOUTH ROXANA, IL 62087

**New Mailing Address:**

FEI Number: 37-1359575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM ( ) Delete  
Name: FARRELL, BYRON L  
Address: #1 LOCKHAVEN MANOR  
City-St-Zip: GODFREY, IL 62035

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: WITTE, ANTHONY J  
Address: 916 GASTORF PLACE  
City-St-Zip: FLORISSANT, MO 63031

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON L FARRELL

MGRM

02/24/2007

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