


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036132

1. Entity Name
SELPH'S MOBILE HOME VILLAGE LLC



Principal Place of Business
**301 SOUTH LAKE REEDY BLVD.
 FOSTPROOF, FL 33843**

Mailing Address
**P.O. BOX 532
 FROSTPROOF, FL 33843**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1632497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALLARD, VERA ELIZABETH
 2007 N. LAKE REEDY BLVD.
 FROSTPROOF, FL 33843**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLARD, VERA ELIZABETH P.O. BOX 532 FROSTPROOF, FL 33843
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: *Vera E Ballard* **4-7-06** **863-635-3401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Vera E Ballard