2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

FILED **DOCUMENT # A18789** 1. Entity Name 2007 MAR 27 AM 10: 21 SETŤLERS REST R.V. PARK, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FL ORINA 37549 CHANCEY ROAD 37549 CHANCEY ROAD OFFICE OFFICE ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 CR2E003 (12/06) Chg-LP 4. FEI Number City & State City & State Applied For 59-2093817 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN M. MEENGS BETTY MEENGS ANDERS Street Address (P.O. Box Number is Not Acceptable) 37549 CHANCEY ROAD **OFFICE** ZEPHYRHILLS, FL 33541 37549 CHANCEY ROAD, OFFICE Zip Code 33541 ZEPHYRHILLS 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 redistered agent 3-23-07 SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS MEENGS, BETTY G. NAME STREET ADDRESS 37351 CR 54 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL DOCUMENT # STREET ADDRESS MEENGS JOHN M NAME STREET ADDRESS 37549 CHANCEY ROAD CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 800095695368 04/03/07--01052--005 **50 DOCUMENT # STREET ADDRESS MEENGS, MARTA K. NAME STREET ADDRESS 37351 CR 54 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL DOCUMENT # STREET ADDRESS NAME MEENGS, MELINDA J. STREET ADDRESS 37351 CR 54 CITY-ST-7IP CITY-ST-ZIP ZEPHYRHILLS, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes