

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006479

FILED
Mar 24, 2008
Secretary of State

Entity Name: WEEKI WACHEE MOBILE HOME PARK OF HERNANDO COUNTY, L.L.C.

Current Principal Place of Business:

WEEKI WACHEE MHP OF HERNANDO CTY.
10400 AMITY AVE
BROOKSVILLE, FL 34614

New Principal Place of Business:

Current Mailing Address:

WEEKI WACHEE MHP OF HERNANDO CTY.
10400 AMITY AVE
BROOKSVILLE, FL 34614

New Mailing Address:

WEEKI WACHEE MHP OF HERNANDO CTY.
9001 S CICERO AVE
OAK LAWN, IL 60453

FEI Number: 65-1106223

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: SALS, TERRENCE A
Address: 9001 S. CICERO AVE, #311
City-St-Zip: OAK LAWN, IL 60453

Title: MGRM () Delete
Name: RASHINSKI, RICARDA
Address: 9001 S. CICERO AVE, #311
City-St-Zip: OAK LAWN, FL 60453

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICARDA RASHINSKI

MGR

03/24/2008

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