

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

04-30-2002 90003 007 ****50.00

DOCUMENT # L01000016601

1. Entity Name

COUNTRY MANOR MOBILE HOME PARK, L.L.C.

Principal Place of Business

707 EDEN LANE
 CANTONMENT FL 32533

Mailing Address

3391 WILD TURKEY RD
 CANTONMENT FL 32533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-374-9016

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

WEEKLEY, GLENDA W
 3391 WILD TURKEY RD
 CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	WEEKLEY, GLENDA W	3391 WILD TURKEY RD CANTONMENT FL 32533	<input checked="" type="checkbox"/>
	MGRM	WEEKLEY, JOHN EDWARD	3391 WILD TURKEY RD CANTONMENT FL 32533	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	JASON D. WEEKLEY	3391 WILD TURKEY RD. CANTONMENT FL 32533	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MGRM	JOSHUA WEEKLEY	3391 WILD TURKEY RD. CANTONMENT FL 32533	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jason D. Weekley* **SIGNATURE REQUIRED** *Joshua S. Weekley* 4-14-02 850-968-2526
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)