2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021017

1. Entity Name
CEDARHURST MOBILE HOME VILLAGE, LLC

Principal Place of Business	Mailing Address
18247 CEDARHURST RD ORLANDO, FL 32820	18247 CEDARHURST RD ORLANDO, FL 32820

07082005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4893203

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, RUSSELL
18247 CEDARHURST RD
ORLANDO, FL 32820

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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 reinstating)

Filing Fee is $50.00
Due by September 7, 2005

000003371962
07/11/05-80012-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HIGGINS, RUSSELL
STREET ADDRESS	18247 CEDARHURST RD
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	S
NAME	HIGGINS, RODNEY F
STREET ADDRESS	1340 IRCA HORSE BEND
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rodney F. Higgins RODNEY F. HIGGINS 7/6/05 407-349-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #