


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021017 1. Entity Name CEDARHURST MOBILE HOME VILLAGE, LLC	
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Principal Place of Business 18247 CEDARHURST RD ORLANDO, FL 32820	Mailing Address 18247 CEDARHURST RD ORLANDO, FL 32820
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03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4893203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGGINS, RUSSELL 18247 CEDARHURST RD ORLANDO, FL 32820
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DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, RUSSELL 18247 CEDARHURST RD ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINS, RODNEY F 1340 IRCA HORSE BEND GENEVA, FL 32732
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<p>U000000546572 05/11/06-80121-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 608, Florida Statutes.

SIGNATURE: Rodney F. Higgins **RODNEY F. HIGGINS** 4/26/06 407-568-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #