2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002421

1. Entity Name

Principal Place of Business

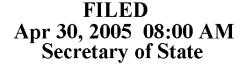
CENTRAL MOBILE HOME PARK, LC



Mailing Address

5050 W. LEMON STREET 5050 W. LEMON STREET TAMPA, FL 33609 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE





04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3604902

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, KENNETH J 5050 W. LEMON STREET TAMPA, FL 33609

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

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				
 Signature, typed or printed name of registered agent and title if applicable. 		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9,	MANAGING MEMBERS/MANAGERS	•		· · · · · · · · · · · · · · · · · · ·
TITLE	MGR			
NAME	HR PROPERTIES, LLC	•		
STREET ADDRESS	5050 W. LEMON STREET			
CITY-ST-ZIP	TAMPA, FL 33609			
TITLE NAME STREET ADDRESS				U00000349679
CITY-ST-ZIP			U:	/02/05-80075-007 50.00
TITLE				
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TITLE			IN TH	IS SPACE
NAME			114 11	IO OF AOL
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CITY-ST-ZIP				
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NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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.				

ONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE