
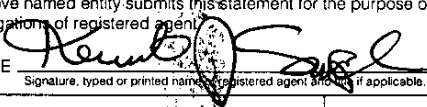
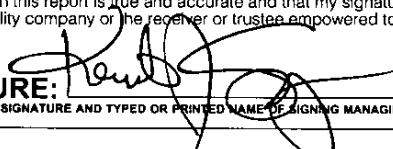


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90017 048 \*\*\*\*50.00

<b>DOCUMENT # L02000002832</b> 1. Entity Name <b>CENTRAL MOBILE HOME HOLDINGS, LC</b>																																																					
Principal Place of Business <b>5050 W. LEMON STREET TAMPA, FL 33609</b>			Mailing Address <b>5050 W. LEMON STREET TAMPA, FL 33609 US</b>																																																		
2. Principal Place of Business <b>5025 West Lemon Street Suite 200 Tampa, FL 33609</b>		3. Mailing Address <b>5025 West Lemon Street Suite 200 Tampa, FL 33609</b>																																																			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>																																																			
Zip <b>33609</b>		Country <b>US</b>		4. FEI Number <b>04-3604912</b>																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent <b>SNYDER, KENNETH J 5050 W. LEMON STREET TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name <b>Kenneth J. Snyder</b> Street Address (P.O. Box Number is not acceptable) <b>5025 West Lemon Street Suite 200</b> <b>Tampa, FL 33609</b> City <b>FL</b> 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. I am familiar with, and accept the obligation of registered agent. SIGNATURE  <b>Kenneth J. Snyder</b> 4-26-06 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:60%;"> <b>MGR HR PROPERTIES, LLC 5050 W. LEMON STREET TAMPA, FL 33609</b> </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HR PROPERTIES, LLC 5050 W. LEMON STREET TAMPA, FL 33609</b>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:60%;"> <b>5025 West Lemon Street Suite 200 Tampa, FL 33609</b> </td> <td style="width:20%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5025 West Lemon Street Suite 200 Tampa, FL 33609</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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.																																																					
<b>SIGNATURE:</b>  <b>KENNETH J. Snyder, HR Prop Mgr</b> 8-13-637-2230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <div style="text-align: right;">4-26-06</div>																																																					