2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 01, 2005 08:00 AM Secretary of State  Feb 01, 2005 08:00 AM Secretar	ANNUAL REPORT (AR)						FILED				
Principal Place of Business	DOCUMENT # L02000005989  1. Entity Name					Feb 01, 2005 08:00 AM Secretary of State					
7.4 ALAHASSEE FL  7.4 ALAHASSEE FL  7.5 ALAHASSEE FL  7.6 Principal Place of Eurithess.  7.5 June 1.4 etc.  7.5 June 1.4 etc.  7.6 Suite	TALLAHA	ASSEE RV PARK, LLC					Secre	ctai y	OI Sta	att	
2. Principes Place of Business .  3. Matting Address .  Sullo, Apt. #, etc  Sullo, Apt. #, etc  Sullo, Apt. #, etc  List MOCRE CR26e83 (10/04)  Zip Country S. Certificate of Status Desired Not Applicable of City & State  A. FEI Number 01-0632065 New Pagistered Status Desired Agent Transfer Status Address (P.O. Box Number is Not Acceptable)  JACKSON, ERWIN 714 BASSIN ST. TALLAHASSEE FL.  City City City Status Desired Status Desired Status Desired Status Desired Desired Department of State Desired Desired Department of State Desired Desired Department of State Desired Department of State Desired Desired Department of State Desired Desired Department of State Desired Department of State Desired Desired Department of State Desired Desired Department of State Desired Des	Principal Place of Business Mailing Address					7					
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Fee Required Fee R	City & State		City & State			4. FEI Nun	01-0632065				
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Street Address (P.O. Box Number is Not Acceptable)  The ABSIN ST. TALLAHASSEE FL  City  FL  Zip Code  8. The above named entity submits the demonstration of independent for the photose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registage disparations of regist		6. Name and Address of Current	·	Name	7. Name a	nd Address of New R	egistered A	gent			
TALLAHASEE FL    City   FL   Zip Code	.IAC	ļ					<del> </del>				
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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 accordate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	1		$\sim$ $\sim$			· · · · · · · · · · · · · · · · · · ·				<del></del> .	
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