

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90430 025 \*\*\*\*\*50.00

**DOCUMENT # L02000024280**

1. Entity Name  
**DOAN'S MOBILE HOME / RV PARK LLC**



Principal Place of Business  
**2901 SHELL ROAD  
 LAKE WALES, FL 33853**

Mailing Address  
**3371 HARBOR BEACH DR  
 LAKE WALES, FL 33859**

2. Principal Place of Business  
**2901 Shell Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1028 Sunset Drive**  
 Suite, Apt. #, etc.

City & State  
**Lake Wales, FL**

City & State  
**Lake Wales, FL**

Zip  
**33853**

Country  
**USA**



03042004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**BOSSARTE, LAWRENCE A  
 3371 HARBOR BEACH DR.  
 LAKE WALES, FL 33859**

4. FEI Number  
**54-2080096**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**James W. Stephens**

Street Address (P.O. Box Number is Not Acceptable)  
**1028 Sunset Drive**

City  
**Lakes Wales**

State  
**FL**

Zip Code  
**33853**

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 *James W. Stephens* DATE **3/5/04**

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 May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSSARTE, LAWRENCE A 3371 HARBOR BEACH DR. LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, JAMES W 1028 SUNSET DRIVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence A. Bossarte* DATE: **3/5/04** DAYTIME PHONE #: **863 551-3400**

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