

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025550

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** COASTAL OAKS MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

4552 SABINE DRIVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

4552 SABINE DRIVE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 30-0117712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEVENGER, BRENDA F  
4552 SABINE DRIVE  
GULF BREEZE, FL 32563

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CLEVENGER, BRENDA F MGRM  
Address: 4552 SABINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGRM ( ) Delete  
Name: CLEVENGER, DAVID L MGRM  
Address: 4552 SABINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRENDA CLEVENGER

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date