

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031188

FILED
Jan 05, 2004
Secretary of State

Entity Name: JENNINGS' MOBILE HOME SETUP, L.L.C.

Current Principal Place of Business:

741-A MCKEAN STREET
AUBURNDALE, FL 33823

New Principal Place of Business:

5605 COMMERCIAL BOULEVARD
UNIT #1
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 1428
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3055083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JENNINGS, THOMAS G
683 OLD BERKLEY RD
AUBURNDALE, FL 33823 US

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: MGR () Delete
Name: JENNINGS, THOMAS G
Address: 741-A MCKEAN STREET
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENNINGS, THOMAS G
Address: 5605 COMMERCIAL BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33880

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: THOMAS G. JENNINGS MGR 01/05/2004

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