

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 21, 2004 8:00 am
Secretary of State

05-05-2004 90012 046 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000018769 1. Entity Name OLD DIXIE HIGHWAY RV PARK, L.L.C.					
Principal Place of Business 14345 BRONTE COURT HUDSON FL 34667			Mailing Address 14345 BRONTE COURT HUDSON FL 34667		
2. Principal Place of Business 13914 OLD DIXIE HWY Suite, Apt. #, etc.			3. Mailing Address 13806 Little Rd Suite, Apt. #, etc. Box 213		
City & State Hudson, FL Zip 34667			City & State Hudson, FL Zip 34667		
Country PASCO			Country PASCO		
4. FEI Number 05-0570404				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, GEORGE E 14345 BRONTE COURT HUDSON FL 34667			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligations of registered agent.					
SIGNATURE <u><i>George E Roberts</i></u> 04/29/04 <small>Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, GEORGE E 14345 BRONTE COURT HUDSON FL 34667	<input type="checkbox"/> Delete			
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			
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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: <u><i>George E Roberts</i></u> 04/29/04 727-868-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					