


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 22, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000025555</b> 1. Entity Name PALM MOBILE HOME PARK, L.L.C.	
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Principal Place of Business 45 ANASTASIA LAKES DRIVE ST AUGUSTINE, FL 32080	Mailing Address 45 ANASTASIA LAKES DRIVE ST AUGUSTINE, FL 32080
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03162006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0060176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  O'CONNELL, W. HENRY CPA 2200 N PONCE DE LEON BLVD., #10 ST AUGUSTINE, FL 32084
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

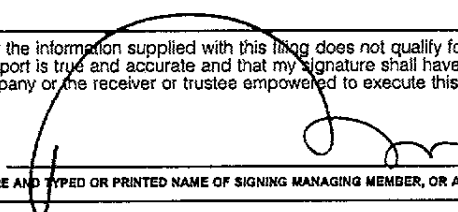
**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000477556  
04/06/06-80055-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHDJI, FARID 45 ANASTASIA LAKES DR SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAWILL, LILLIAN 1421 SUZANNE WAY LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHCHI, NADER P 2221 20TH ST NW WINTER HAVEN, FL 38881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **MAR-21-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #