

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000025555

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** PALM MOBILE HOME PARK, L.L.C.

**Current Principal Place of Business:**

1038-5 DUNN AVE  
PMB 125  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1038-5 DUNN AVE  
PMB 125  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 20-0060176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'CONNELL, W. HENRY CPA  
2200 N PONCE DE LEON BLVD., #10  
ST AUGUSTINE, FL 32084 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/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ASHCHI, NADER P  
**Address:** 1038-5 DUNN AVE, PMB 125  
**City-St-Zip:** JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** KHORSANDIAN, ASPHANDIAR  
**Address:** 1038-5 DUNN AVE, PMB 125  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** ASPHANDIAR KHORSANDIAN

AK

04/18/2008

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