

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050096

FILED
Jan 05, 2006
Secretary of State

Entity Name: FLORIDA MOBILE HOME SKIRTING LLC

Current Principal Place of Business:

4149 NORTH CONCORD DR
HOUSE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

4149 NORTH CONCORD DR
HOUSE
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 14-1343953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CACCAMO, JOSEPH F
4149 NORTH CONCORD DR
HOUSE
CRYSTAL RIVER, FL 34428 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: MGR () Delete
Name: CACCAMO, JOSEPH F SR.
Address: 4149 NORTH CONCORD DR
City-St-Zip: CRYSTAL RIVER, FL 34428

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ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FELLOWS, DAYLE E
Address: 10733 E GOBBLER DR
City-St-Zip: FLORAL CITY, FL 34436

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

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

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 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: DAYLE E FELLOWS

MGR

01/05/2006

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