2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L03000050096

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 ( )**

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

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

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

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

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

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

ADDITIONS/CHANGES:

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:

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: JOSEPH CACCAMO   MANA   01/09/2007

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