2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-22-2005 90043 013 ****50.00

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04182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000014746

1. Entity Name
RIVER OAKS RV PARK, LLC

Principal Place of Business	Mailing Address
201 STEPHENS ROAD RUSKIN, FL 33570	201 STEPHENS ROAD RUSKIN, FL 33570

2. Principal Place of Business		3. Mailing Address	
		29605 US 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 130	
City & State		City & State CLEARWATER FL	
Zip	Country	Zip 33761	Country PINELLAS

4. FEI Number 20-0798237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REIFF, ANDREW L 135 W. CENTRAL BLVD. SOUTHTRUST 7TH FLOOR, SUITE 730 ORLANDO, FL 32801	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CHARLES BRANTON 1514 ROBERT BURNS CT BEAR, DE 19701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] CONTROLLER 4/18/05 727-785-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

TEDEASE