

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # L04000018629 | |  | |
| 1. Entity Name JAMES PARTIN MOBILE HOME SERVICE, LLC | | | |
| Principal Place of Business 1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084 | Mailing Address 1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04032006 No Chg-LLC CR2E083 (11/05) | |
| | | 4. FEI Number 57-1201316 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent PARTIN, JAMES 1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$50.00. Due by May 1, 2006 | | 1100000497244 04/22/06-80047-002 50.00 | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARTIN, JAMES 1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084 | | |
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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:  | | Date _____ Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | | |