2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018629

1. Entity Name

JAMES PARTIN MOBILE HOME SERVICE, LLC



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084 1215 NORTH CLAY STREET ST. AUGUSTINE, FL 32084



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1201316

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

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 change	ging its registered offic	ce or registered agent, or both, in the	State of Florida.	I am familiar with, and acc	cept
	the obligations of registered agent.					
SI	GNATURE					

(NOTE, Registered Agent alignature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000904443 05/01/08-80013-019 138.75

9.	MANAGING MEMBERS/MANAGERS					
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	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 filling does not qualify for the ex						

DO NOT WRITE

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Fiorida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-08

Daytime Phone ●