

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-11-2005 80049 007 ****50.00
FILED L04000025683

2005 JUL -6 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30009788



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000025683					
1. Entity Name PALM VILLAGE MOBILE HOME PARK, LLC					
Principal Place of Business 3608 QUAIL HOLLOW LANE BRADENTON FL 34210			Mailing Address 3608 QUAIL HOLLOW LANE BRADENTON FL 34210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2450730	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARRISON, G. JOSEPH 1206 MANATEE AVE. WEST BRADENTON FL 34205			7. Name and Address of New Registered Agent		
			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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when certifying) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME	John W. Denton	
STREET ADDRESS			STREET ADDRESS	3608 Quail Hollow Lane	
CITY- ST- ZIP			CITY- ST- ZIP	Bradenton, FL 34210	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 John W. Denton			DATE 4-5-05 DAYTIME PHONE 941-758-4590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

dee