2008 LIMITED LIABILITY COMPANY **AMENDED ANNUAL REPORT**

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L04000025683 ---08 MAY -7 AM 8: 01 PALM VILLAGE MOBILE HOME PARK, LLC Principal Place of Business Mailing Address 3608 QUAIL HOLLOW LANE 3608 QUAIL HOLLOW LANE BRADENTON, FL 34210 BRADENTON, FL 34210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2450730 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE. WEST BRADENTON, FL 34205 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM Change TITLE ☐ Delete TITLE Addition DENTON, JOHN W. NAME DENTON, JOHN W NAME 3608 QUAIL HOLLOW LANE STREET ADDRESS 3608 QUAIL HOLLOW LANE STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP BRANDENTON, FL 34210 CITY-ST-ZIP MGRM **Addition** ☐ Delete TITLE ☐ Change TITLE DENTON MARY M. NAME NAME 3608 QUILL HOLLOW LANE STREET ADDRESS STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP City-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE 800128679358 05/07/08--01005--018 **50 NAME NAME STREET ADDRESS **50.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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 ecceiver or trustee employment to execute this report as required by Chapter 608, Florida Statutes. SOKN W DENTON SIGNATURE:

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