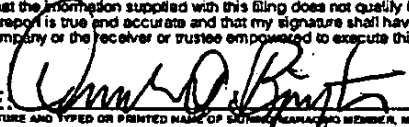


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

02-09-2005 90155 021 ****55.00

DOCUMENT # L04000034939					
1. Entity Name PEACEFUL ACRES R.V. & M.H. PARK, L.L.C.					
Principal Place of Business 7708 FRANKLIN ROAD PLANT CITY FL 33565			Mailing Address 7708 FRANKLIN ROAD PLANT CITY FL 33565		
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 20-1104402	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYINGTON, DONALD A 7708 FRANKLIN ROAD PLANT CITY FL 33565			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)					
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	OWNER + MANAGER ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	DONALD A. BYINGTON			NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	SAME AS ABOVE ☐ 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)(X), 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 				DONALD A. BYINGTON	
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 2/1/05 813-982-2773 Daytime Phone #	

30003126



1st MOORE CR2E083 (10/04)