

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039941

FILED
Apr 13, 2005
Secretary of State

Entity Name: RESIDENTIAL AND COMMERCIAL MOBILE HOME SERVICES L.L.C.

Current Principal Place of Business:

7241 CEDAR POINT RD.
JACKSONVILLE, FL 32226

New Principal Place of Business:

3537 NEWCOMB ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

7241 CEDAR POINT RD.
JACKSONVILLE, FL 32226

New Mailing Address:

3537 NEWCOMB ROAD
JACKSONVILLE, FL 32218

FEI Number: 20-2642500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, THOMAS
12230 NEW BERLIN RD.
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

CECIL, SNIPES
3537 NEWCOMB ROAD
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: CECIL SNIPES

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SNIPES, CECIL
Address: 7241 CEDAR POINT RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR (X) Delete
Name: GATES, THOMAS
Address: 12230 NEW BERLIN RD.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CECIL SNIPES

MGR

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date