

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039941

FILED  
Apr 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

3537 NEWCOMB ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

7251 CEDAR POINT ROAD  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

3537 NEWCOMB ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

7251 CEDAR POINT ROAD  
JACKSONVILLE, FL 32226

FEI Number: 20-2642500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CECIL, SNIPES  
3537 NEWCOMB ROAD  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

SNIPES, CECIL  
7251 CEDAR POINT ROAD  
JACKSONVILLE, FL 32226 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

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SNIPES, CECIL  
Address: 7251 CEDAR POINT RD.  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/27/2007

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