

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060869

FILED
Apr 20, 2007
Secretary of State

Entity Name: RV REALTY ASSOCIATES, LLC

Current Principal Place of Business:

1184 MOHAWK TRAIL
SHELBURNE, MA 01370

New Principal Place of Business:

Current Mailing Address:

1184 MOHAWK TRAIL
SHELBURNE, MA 01370

New Mailing Address:

FEI Number: 20-1535341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, FRANCIS J
9230 SWEET N SASSY LANE
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTS, FRANCIS J
Address: 9230 SWEET N SASSY LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGR () Delete
Name: ROBERTS, SHIRLEY A
Address: 9230 SWEET N SASSY LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGR () Delete
Name: ROBERTS, FRANK J
Address: 170 WELLS RD
City-St-Zip: EAST WINDSOR, CT 06088 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ROBERTS, FRANK J
Address: 9230 SWEET N SASSY LANE
City-St-Zip: DOVER, FL 33527 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCIS J ROBERTS

PRES

04/20/2007

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