

# 2005 LIMITED-LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 044 \*\*\*\*\*55.00

<b>DOCUMENT # L04000061289</b> 1. Entity Name <b>ROGER MCCOMBS RV SUPERCENTER, LLC</b>					
Principal Place of Business <b>10396 OLD DAIRY ROAD PENSACOLA, FL 32534</b>			Mailing Address <b>10396 OLD DAIRY ROAD PENSACOLA, FL 32534</b>		
2. Principal Place of Business <b>328 Green Acres Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>328 Green Acres Dr</b> Suite, Apt. #, etc.			
City & State <b>DeFuniak Springs, FL</b> Zip <b>32435</b>		City & State <b>DeFuniak Springs, FL</b> Zip <b>32435</b>		4. FEI Number <b>20-1506454</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHIBBS, VINCENT J JR. 105 E. GREGORY SQUARE PENSACOLA, FL 32502</b>			7. Name and Address of New Registered Agent Name <b>Roger L McCombs</b> Street Address (P.O. Box Number is Not Acceptable) <b>10396 Old Dairy Road</b> City <b>Pensacola</b> FL Zip Code <b>32534</b>		
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 <b>Roger L McCombs</b> DATE <b>4/25/05</b> <small>Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOMBS, ROGER 10396 OLD DAIRY ROAD PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Roger L McCombs</b>					Date <b>4/25/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					