2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-27-2006 90047 005 ****55.00

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03092006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000001044

1. Entity Name
PARK MODELS PLUS, L.L.C.

Principal Place of Business
35 KEARSARGE AVENUE
CONTOOCOOK, NH 03229

Mailing Address
PO BOX 405
CONTOOCOOK, NH 03229

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 52-2418809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	PRES	☐ Delete
NAME	PERSECHINO, ANNE M	
STREET ADDRESS	77 N SPRING ST	
CITY-ST-ZIP	CONCORD, NH 03301	
TITLE	SEC	☐ Delete
NAME	PERSECHINO, GAIL M	
STREET ADDRESS	677 CLEMENT HILL ROAD	
CITY-ST-ZIP	CONTOOCOOK, NH 03229	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MANAGER/PRESIDENT	☒ Change ☐ Addition
NAME	SAILER, ANNE M	
STREET ADDRESS	PO Box 60	
CITY-ST-ZIP	Georges Mills, NH 03751	
TITLE	MEMBER/SECRETARY	☒ Change ☐ Addition
NAME	Persechino, Gail M	
STREET ADDRESS	PO Box 368	
CITY-ST-ZIP	Hopkinton NH 03229	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gail Persechino, Member 03-17-06 603-746-4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #