

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012031

Entity Name: PARK MODEL CITY & RV SALES, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

17021 UPRIVER DRIVE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

17021 UPRIVER DRIVE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 61-1484026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMERS, WILLIAM A
3465 BONITA BEACH RD
12
BONITA BEACH, FL 34134 US

Name and Address of New Registered Agent:

PHELPS, LYNDIA
17021 UPRIVER DRIVE
NORTH FORT MYERS, FL 33917 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: LYNDIA PHELPS

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHELPS, LYNDIA
Address: 5410 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM () Delete
Name: BURK, BRIAN
Address: 1745 DOCKWAY
City-St-Zip: NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHELPS, LYNDIA
Address: 17021 UPRIVER DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM (X) Change () Addition
Name: BURK, BRIAN
Address: 17021 UPRIVER DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 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: LYNDIA PHELPS

MGRM

01/25/2007

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