

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012031

Entity Name: PARK MODEL CITY & RV SALES, LLC

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

17021 UPRIVER DRIVE  
NORTH FORT MYERS, FL 33917 US

## New Principal Place of Business:

14380 N CLEVELAND AVE  
NORTH FORT MYERS, FL 33903 US

## Current Mailing Address:

PO BOX 3516  
NORTH FORT MYERS, FL 33918

## 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:

PHELPS, LYNDA  
17021 UPRIVER DRIVE  
NORTH FORT MYERS, FL 33917 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: MGRM ( ) Delete  
Name: PHELPS, LYNDA  
Address: 17021 UPRIVER DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM ( ) Delete  
Name: BURK, BRIAN  
Address: 17021 UPRIVER DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: BURK, BRIAN  
Address: 14380 N CLEVELAND AVE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: LYNDA PHELPS

MM

03/06/2009

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