2008 LIMITED LIABILITY COMPANY

FILED Jan 23, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L05000019337 K & K MOBILE HOME PARK, LLC Principal Place of Business Mailing Address P.O. BOX 113 HIGHWAY 65 SOUTH HOSFORD, FL 32334 HOSFORD, FL 32334 01092008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2371578 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, KENNETH P DO NOT WRITE HIGHWAY 65 SOUTH HOSFORD, FL 32334 IN THIS SPACE 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) FILE NOWIII FEE IS \$138.75 ______ CAfter Mayer, 2008 Fee Will be \$538.75 U000000792121 01/23/08-80104-016 138.75 MANAGING MEMBERS/MANAGERS 9 MGR TITLE NAME KING, KENNETH P STREET ADDRESS HIGHWAY 65 SOUTH CITY-ST-ZIP HOSFORD, FL 32334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 arn a managing member or manager of the limited liability company or the reconver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

NAME STREET ADDRESS CITY - ST-7IP

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR A THORIZED REPRESENTATIVE

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