2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State
04-03-2006 90070 030 ****50.00

DOCUMENT # L05000028237

1. Entity Name
APRIL OAKS MOBILE HOME PARK, LLC

Principal Place of Business	Mailing Address
630 MAGNOLIA AVENUE JACKSONVILLE FL 32259	630 MAGNOLIA AVENUE JACKSONVILLE FL 32259

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1511 So Palm Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palatka FL	City & State
Zip: 32177 County: Putnam	Zip Country

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent

CURLEY, CHARLES R JR ESQ
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE FL 32207

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	Owner MGRM	☐ Delete
NAME	Robert F Jones Jr	
STREET ADDRESS	630 magnolia Ave	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	Owner MGRM	☐ Delete
NAME	Vida A Jones	
STREET ADDRESS	630 Magnolia Ave	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/27/06 904 710 0239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #