

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028237

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** APRIL OAKS MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

1511 SOUTH PALM AVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

630 MAGNOLIA AVENUE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURLEY, CHARLES R JR ESQ  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207 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  
Name: JONES, ROBERT F JR  
Address: 630 MAGNOLIA AVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: JONES, VIDA A  
Address: 630 MAGNOLIA AVE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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: ROBERT F JONES JR

MGRM

03/16/2011

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