

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90292 045 \*\*\*\*50.00

DOCUMENT # L05000029721

1. Entity Name

SHADY GROVE MOBILE HOME PARK, LLC



Principal Place of Business

1208 BRADWELL DRIVE  
ORLANDO FL 32837

Mailing Address

1208 BRADWELL DRIVE  
ORLANDO FL 32837



2. Principal Place of Business

5100 NW GAINSVILLE RD

Suite, Apt. #, etc.

3. Mailing Address

1208 BRADWELL DR

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

OCALA FL

City & State

ORLANDO FL

4. FEI Number

20-2561871

Applied For

Not Applicable

Zip

34475

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMESRA, RUDOLPH  
1208 BRADWELL DRIVE  
ORLANDO FL 32837

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 MGRM ☐ Delete  
NAME RAMSERA, RUDOLPH  
STREET ADDRESS 1208 BRADWELL DRIVE  
CITY- ST- ZIP ORLANDO FL 32837

TITLE MGRM ☐ Delete  
NAME RAMSERA, HEMOWTIE  
STREET ADDRESS 1208 BRADWELL DRIVE  
CITY- ST- ZIP ORLANDO FL 32837

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

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

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

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

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.

HEMOWTIE RAMESRA

SIGNATURE:

*Hemowtie Ramsra*

3/8/06

407-240-0390