


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000093163</b> 1. Entity Name INDIAN SPRINGS RV PARK, LLC	
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Principal Place of Business 252 SOUTH STATE ROAD 415 NEW SMYRNA BEACH, FL 32168	Mailing Address 252 SOUTH STATE ROAD 415 NEW SMYRNA BEACH, FL 32168
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**DO NOT WRITE IN THIS SPACE**



03012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-5063278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HART, ROBERT L  
252 SOUTH STATE ROAD 415  
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HART, ROBERT L 252 SOUTH STATE ROAD 415 NEW SMYRNA BEACH, FL 32168
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03/14/07-80032-011 50.00

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11. I hereby certify that the information supplied with this filing 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 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 606, Florida Statutes.

SIGNATURE: Robert L Hart, Mgr 3-2-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #