## 2007 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Jan 17, 2007 08:00 AM Secretary of State **DOCUMENT # L05000097445** OLD DIXIE RV & BOAT STORAGE, LLC Principal Place of Business Mailing Address 14402 & 14334 OLD DIXIE HIGHWAY 15627 ALLMAND DRIVE HUDSON, FL 34667 US HUDSON, FL 34667 01102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3563936 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, KAREN DO NOT WRITE 15627 ALLMAND DRIVE **HUDSON, FL 34667** 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGR WHITE, KAREN NAME STREET ADDRESS 15627 ALLMAND DRIVE CHTY-ST-ZIP HUDSON, FL 34667 TITLE NAME U00000589080 01/18/07-80001-014 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

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 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP