2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

		8/30/200	06-90034-024 <mark>-65</mark> 0	0 <u>⊧</u> QQ-S50.00				
DOCUMENT # L05000107215								
1. Entity Nam	B DUNTRY MOBILE HOME P		D	IVISION OF C	COF STATE ORPORATIONS	ì		
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			6		06 SEP 14	AM 11: 24		
Principal Place of Business 1144 HIGHWAY 17 SOUTH		Mailing Address 1144 HIGHWAY 17 SOUTH						
SATSUMA, FL 32189 US		SATSUMA, FL 32189 US		1. /				
				A BARRA	A MELAN ANNI BANK BANK SAKA	. CARD GETTO HERETO HERET HERET GET	1877 HI JOEN	
2. Principal P	2. Principal Place of Business 3. Mailing Address			- 20 0			MAN	
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Suite, Apt. #. etc.		Suite, Apt. #, etc.		08152006	Chg-ЦС	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb	× 3759113		plied For t Applicable	
Zip	Country	Zip	Country		e of Status Desired	\$5.00 Add	idonal	
	6. Name and Address of Curren	t Registered Agent		7. Name an	d Address of New Re		<u> </u>	
MOWERY, ALAN R			Name					
	, ALAN K HWAY 17 SOUTH	Street Addres		dress (P.O. Box Numi	s (P.O. Bax Number is Not Acceptable)			
PALATKA, FL 32189		·	-			•	···	
i			City			FL Zp Cook		
9 The show	named entity submits this statement	for the number of changing its re	<u> </u>	registered egent or h	oth in the State of Flor			
	tions of registered agent.	or the purpose of Changing have	Stratored curios de r	ogustorou againt, or b	501, 21 010 Otalo O 1 KA	iog. Tarrianaa wat,	and accept	
SIGNATURE	## ***********************************	-					<u>·</u>	
	Signature, typed or printed name of registered age	R AND TEST IN THE PROPERTY OF	Hegasires Agant agnisur	e required when retratabling)	1	CATE		
Filing Fee is \$50.00 Due by September 6, 2006						check payable to Department of State		
9.	MANAGING MEME	IERS/MANAGERS	10.	 	ADDITIONS/0	CHANGES	• .	
TITLE	MGR	C) Delete	TITE .			☐ Change		
NAME STREET ADDRESS	MOWERY, ALAN R						Addition	
CITY-ST-ZIP	LII44 HIGHWAI II SOUTH	***	NAME STREET ADORESS		•		☐ Addition	
9000000	PALATKA, FL 32189	····	NAME STREET ADDRESS CITY - ST - ZIP				Addition	
TITLE	PALATKA, FL 32189	☐ Deleta	STREET ADDRESS			Change	Addition	
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TILE	PALATKA, FL 32189		STREET ADDRESS CITY-ST-ZIP		·		<u></u>	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing memb limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE /

Dan R. Mowen