


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90080 031 \*\*\*138.75

<b>DOCUMENT # L05000110395</b>	
1. Entity Name EDWARDS MOBILE HOME SERVICE, LLC	

Principal Place of Business <del>11455 PITCAIRN STREET</del> BROOKSVILLE, FL 34613	Mailing Address <del>11455 PITCAIRN STREET</del> BROOKSVILLE, FL 34613
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2. Principal Place of Business - No P.O. Box # 8349 Holly Tree dr	3. Mailing Address 8349 Holly Tree dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country USA	Zip	Country USA
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04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EDWARDS, JAMES P <del>11455 PITCAIRN STREET</del> BROOKSVILLE, FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, JAMES P <del>11455 PITCAIRN STREET</del> BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 608, Florida Statutes.

SIGNATURE: *James Edwards* x 4-22-08 x 352 5968681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #