


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 040 ****50.00

DOCUMENT # L05000117446 1. Entity Name CANDLELIGHT MOBILE HOME PARK, LLC					
Principal Place of Business 2000 N. VOLUSIA AVENUE A-24 ORANGE CITY, FL 32763			Mailing Address 2000 N. VOLUSIA AVENUE A-24 ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 373 CADDIE DRIVE Suite, Apt. #, etc. DEBARY FLORIDA City & State 32713			
City & State Zip		City & State Zip		4. FEI Number 59-352-8244 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country		Country		07052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MAZZOLA, MARIO 2000 N. VOLUSIA AVENUE #A24 ORANGE CITY, FL 32763			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZOLA, MARIO 2000 N. VOLUSIA AVE #A24 ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZOLA, ANN 2000 N. VOLUSIA AVE #A24 ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mario Mazzola</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/05/07 <small>Date</small>		386-456-0531 <small>Daytime Phone #</small>