

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90020 041 \*\*\*138.75

<b>DOCUMENT # L06000004854</b>			
<b>1. Entity Name</b> SHADY OAKS MOBILE HOME PARK LLC			
<b>Principal Place of Business</b> 8654 NEW KINGS ROAD JACKSONVILLE, FL 32219		<b>Mailing Address</b> 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2825 Lewis Speedway Suite, Apt. #, etc. <u>Suite 104</u>	
Suite, Apt. #, etc.		City & State <u>St. Augustine, FL</u>	
City & State	Zip <u>32084</u>	Country	Country
<b>4. FEI Number</b> 20-4098833		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OCONNELL, WILLIAM H 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <u>2825 Lewis Speedway</u> <u>Suite 104</u> City <u>St. Augustine, FL</u> Zip Code <u>32084</u>	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHDJI, FARID 45 ANASTASIA LAKES DR ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRO, FRANK 262 HERMOSA CT SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRO, IRENE 262 HERMOSA CT SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAWILL, LILLIAN 1421 SUZANNE WAY LONGWOOD, FL 32779	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASYLVIA, JUDITH A 2 RISING MOON TRAIL ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASYLVIA, JUDITH A 2 RISING MOON TRAIL ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone # _____			