

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2008 90020 041 ***138.75

DOCUMENT # L06000004854

1. Entity Name
SHADY OAKS MOBILE HOME PARK LLC



Principal Place of Business
**8654 NEW KINGS ROAD
 JACKSONVILLE, FL 32219**

Mailing Address
**2200 N PONCE DE LEON BLVD
 SUITE 10
 ST AUGUSTINE, FL 32084**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2825 Lewis Speedway
 Suite, Apt. #, etc.
Suite 104

City & State
St. Augustine, FL

Zip
32084

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4098833

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**OCONNELL, WILLIAM H
 2200 N PONCE DE LEON BLVD
 SUITE 10
 ST AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2825 Lewis Speedway

Suite 104

City **St. Augustine, FL** Zip Code **32084**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ASHDJI, FARID	
STREET ADDRESS	45 ANASTASIA LAKES DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERRO, FRANK	
STREET ADDRESS	262 HERMOSA CT	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERRO, IRENE	
STREET ADDRESS	262 HERMOSA CT	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TAWILL, LILLIAN	
STREET ADDRESS	1421 SUZANNE WAY	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DASYLVIA, JUDITH A	
STREET ADDRESS	2 RISING MOON TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date _____ Daytime Phone # _____