2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000007002

1. Entity Name

SILVERWOOD VILLAGE MOBILE HOME PARK, LLC



Principal Place of Business

4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711 Mailing Address

4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711

FILED Jan 07, 2008 08:00 AM Secretary of State



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4737843

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

727-667

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NIEHAUS, WILLIAM L 4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and trie if applicable	(NOTE: Registered Agent argnature required when reinstating)		DATE ,	<u>·</u>
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 01/03/08-80041-021				138.75	
9. THE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS SECT NIEHAUS, CAROL R SECTRY 4801 OSPREY DR. S SAINT PETERSBURG, FL 33711				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT W	/RITE	,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	

11. I hereby certify that the information supplied with this filling 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 fimited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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