

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012362

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** NASSAU ACRES MOBILE HOME PARK LLC

**Current Principal Place of Business:**

291169 PIGEON CREEK RD1  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1812  
YULEE, FL 32041

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EASON, DEBORAH A  
291169 PIGEON CREEK RD  
HILLIARD FLA, FL 32046 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: EASON, DEBORAH A  
Address: 291169 PIGEON CREEK RD  
City-St-Zip: HILLIARD, FL 32046

Title: OWNE  
Name: EASON, WALTER L  
Address: 555165 US HWY 1  
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH A EASON

OWNE

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date