2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013889

Title:

Name:

Address:

City-St-Zip:

MGR

ORTIZ, ELIZABEH

1543 MAXIMILIAN

() Delete

WESLEY CHAPEL, FL 33543

FILED Jan 13, 2009 Secretary of State

Entity Name: CHARLIE'S RETIREMENT MOBILE HOME PARK, LLC

New Principal Place of Business: Current Principal Place of Business: 11700 EAST MAIN STREET THONOTOSASSA, FL 33592 **Current Mailing Address: New Mailing Address:** P.O. BOX 172 THONOTOSASSA, FL 33592 FEI Number: 20-8807271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALASZ, KAROLY 11700 EÁST MAIN STREET US THONOTOSASSA, FL 33592 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HALASZ, KAROLY Name: Name: 11710 TAYLOR RD Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HALASZ, JOYCE Name: Address: 11710 TAYLOR RD Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WHITEHEAD, SUSAN Name: Name: 11550 KNIGHTS GRIFFIN RD Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

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(X) Change () Addition

SIGNATURE: KAROLY HALASZ MGRM 01/13/2009