

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021395

FILED
Apr 29, 2009
Secretary of State

Entity Name: STATE ROAD 54 RV PARK LLC

Current Principal Place of Business:

35120 STATE ROAD 54
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

35120 STATE ROAD 54
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 20-4595599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWKIRK, THOMAS
35120 STATE ROAD 54
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

HALDANE, WADE
35120 STATE ROAD 54
ZEPHYRHILLS, FL 33541 US

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: WADE HALDANE

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWKIRK, THOMAS
Address: 35120 STATE ROAD 54
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGR () Delete
Name: NEWKIRK, MARK
Address: 35120 STATE ROAD 54
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HALDANE, WADE D
Address: 35120 STATE ROAD 54
City-St-Zip: ZEPHYRHILLS, FL 33541 US

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.

SIGNATURE: WADE HALDANE

MGR

04/29/2009

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