

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039926

FILED
Apr 23, 2009
Secretary of State

Entity Name: MCN TRAILER PARK LLC

Current Principal Place of Business:

3125 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7216 NORTH OLA AVENUE
TAMPA, FL 33604

New Mailing Address:

7222 NORTH OLA AVENUE
TAMPA, FL 33604

FEI Number: 51-0584548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVEN CHARLES
7222 N. OLA AVENUE
TAMPA, FL 33604 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: P () Delete
Name: MAROSE, LEE
Address: 7216 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP () Delete
Name: FOURNIER, PAUL
Address: 7216 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: S (X) Delete
Name: MAROSE, LEE
Address: 7216 NORTH OLA AVE
City-St-Zip: TAMPA, FL 33604

Title: T (X) Delete
Name: FOURNIER, PAUL
Address: 7216 NORTH OLA AVE
City-St-Zip: TAMPA, FL 33604

Title: MGRM (X) Delete
Name: SMITH, STEVEN CHARLES
Address: 7222 N. OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: MGRM (X) Delete
Name: LANGE, CHRIS
Address: 7222 N. OLA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SMITH, STEVEN C
Address: 7216 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP (X) Change () Addition
Name: LANGE, CHRISTOPHER E
Address: 7222 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

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

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

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

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: STEVEN SMITH

MGR

04/23/2009

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