2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000069353

1. Entity Name
TOWN 'N COUNTRY MOBILE HOME PARK, LLC

Principal Place of Business	Mailing Address
4425 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974	POST OFFICE BOX 997 OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

02042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-5856579		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVIN, HARVIN & PINNOCK, LLP
900 E. OCEAN BLVD.
STE. 210-B
STUART, FL 34994

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DURRANCE, CLYDE R
STREET ADDRESS	4425 HIGHWAY 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGR
NAME	DURRANCE, JUANITA H
STREET ADDRESS	4425 HIGHWAY 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGR
NAME	DURRANCE, PATRICIA D
STREET ADDRESS	4425 HIGHWAY 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGR
NAME	DURRANCE, CLYDE R II
STREET ADDRESS	4425 HIGHWAY 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGR
NAME	DURRANCE, ROSA A
STREET ADDRESS	4425 HIGHWAY 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/08-80003-023 138.75

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

SIGNATURE: _Patricia D Durrance_   2/4/08   863-697-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #