2008 LIMITED LIABILITY COMPANY

FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT					secretary or s	
1. Entity Nan	MENT # L060000 ne EAF RV PARK, LLC	72565				
5687 HWY.	ce of Business 331 S. PRINGS, FL 32435	Mailing Address 3654 STATE HWY 85 LAUREL HILL, FL 32567	-	 	1 21 10 (2217 210)	
DO NOT WRITE IN THIS SPAC			CF.	04282008 No Chg-LLC CR2E083 (12/07)		
			CE	FEI Number 51-0593427 Certificate of Status Desired	Applied For Not Applicable	
	6. Name and Address of Cun	ant Desistand & and		3. Ochinicate of otalica Desired	Fee Required	
NICOLE BIZEK, HEATHER 5687 HWY. 331 S. DEFUNIAK SPRINGS, FL 32435			DO NOT WRITE IN THIS SPACE			
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 talle if applicable (NOTE: Registered Agent signature required when relatating) DATE						
FiLE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538	.75				
9.		MBERS/MANAGERS			··	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHANKLIN, JOHN R 3654 STATE HWY 85 LAUREL HILL, FL 32567		·	Uncon	2040040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					3942916 -80039-008 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		

11. I hereby certify that the information supplied with this filling 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: SEALUR - VALOR - VA

NAME STREET ADDRESS CITY-ST-ZIP

Spil 30 2006

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