


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90013 002 ****50.00

DOCUMENT # L06000092220	
1. Entity Name MIKE'S MOBILE HOME SET UP, LLC	

Principal Place of Business 5107 CR 152 WELLBORN, FL 32094	Mailing Address 5107 CR 152 WELLBORN, FL 32094
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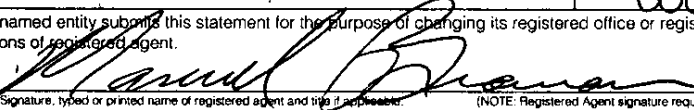
2. Principal Place of Business - No P.O. Box # 5107 CR 252	3. Mailing Address 5107 CR 252
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wellborn FL	City & State Wellborn FL
Zip 32094	Country SW.
Zip 32094	Country Suwannee



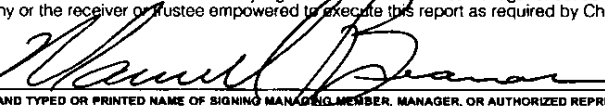
07052007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BRANNOH, MANUEL M 5107 CR 152 WELLBORN, FL 32094	
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7. Name and Address of New Registered Agent Name Manuel Brannan Street Address (P.O. Box Number is Not Acceptable) 5107 CR 252 City Wellborn FL Zip Code 32094	
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  DATE 072307	

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNOH, MANUEL M 5107 CR 152 WELLBORN, FL 32094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  072307 3865903289	Date Daytime Phone #