

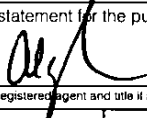
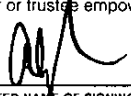


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90070 044 \*\*\*\*50.00

<b>DOCUMENT # L06000107262</b> 1. Entity Name <b>BEST DEAL RV, LLC</b>					
Principal Place of Business <b>5500 ENTERPRISE PARKWAY FORT MYERS, FL 33905 US</b>			Mailing Address <b>5500 ENTERPRISE PARKWAY FORT MYERS, FL 33905 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>5270 ORANGE RIVER BLVD</b>  Suite, Apt. #, etc.			
City & State  		City & State <b>FORT MYERS, FL</b>		4. FEI Number <b>20 5837152</b>	
Zip 		Country <b>33905 US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 		<b>ALAN C. ERP</b>		<b>02/05/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ERP, ALAN C 5500 ENTERPRISE PARKWAY FORT MYERS, FL 33905</b> <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	<b>MGRM ERP, ALBERT J 5500 ENTERPRISE PARKWAY FORT MYERS, FL 33905</b> <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	
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	
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.					
<b>SIGNATURE:</b> 		<b>ALAN C. ERP</b>		<b>02/05/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	