
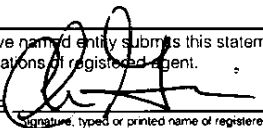
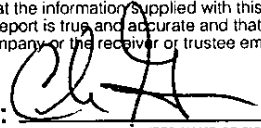


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 010 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L06000108721 1. Entity Name GARRIS AND CRANDALL MOBILE HOME PARK MANAGEMENT, LLC | | | |  | |
| Principal Place of Business 850 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 | | | Mailing Address 850 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent SMITH, JOHN W 2201 NW CORPORATE BLVD #200 BOCA RATON, FL 33431 | | | | 7. Name and Address of New Registered Agent Name Christopher Garris Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City, FL FL Zip Code 34990 | |
| 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  | | Christopher Garris | | 2-15-2007 | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARRIS, STANLEY R 850 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 | | 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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| 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:  | | Christopher Garris | | 2-15-2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |

00017417



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8023049

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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10. ADDITIONS/CHANGES

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SIGNATURE:  Christopher Garris 2-15-2007 (772) 287-1844