

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 030 ****50.00

DOCUMENT # L06000112894					
1. Entity Name WAYNE'S RV RESORT, LLC <i>WAYNE'S RV RESORT LLC</i>					
Principal Place of Business 2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055			Mailing Address 2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box # <i>164 NW MADISON ST</i>		3. Mailing Address <i>PO Box 3659</i>			
Suite, Apt. #, etc. <i>SUITE 102</i>		Suite, Apt. #, etc.			
City & State <i>LAKE CITY FL</i>		City & State <i>LAKE CITY FL</i>		4. FEI Number <i>20-5892755</i>	
Zip <i>32055</i>	Country <i>USA</i>	Zip <i>32056</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>164 NW MADISON ST</i> <i>SUITE 102</i> City <i>LAKE CITY</i> FL Zip Code <i>32055</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST LAKE CITY, FL 32055 <i>PO Box 3659</i>		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	
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.					
SIGNATURE: <i>[Signature]</i>			DANIEL CRAPPS MANAGER <i>4/27/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>4/27/07</i> Daytime Phone # <i>386-755-5110</i>		