507253900038 9/4/2007-90083-039-\$50.00-\$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED STATE SECRETARY OF STATE

DOCUMENT # L06000115007 1. Entity Name					DIVISION OF CORPORATIONS			
WEST FLORIDA MOBILE HOME PARK, LLC					07 001	-5 AH 9:	26	
Principal Place of Business Mailing Address 2311 HIGHLAND AVE SOUTH 2311 HIGHLAND AVE SOL BIRMINGHAM, AL 35205 BIRMINGHAM, AL 35205					(#80118M B)	. Bên ên êba bên ben be	11 1168 1 (1 88 1 9 11) 8811 8)
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 756						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08022007	Chg-LLC	CR2E083 (12	/06)
City & State		City & State Anniston, Alabama		4. FEI Numb 26-0574			Applied For Not Applicable	
Ζip	Country	Zip 36202	Country USA	'		of Status Desired	Fee Re	D Additional equired
6. Name and Address of Current Registered Agent HOFFMAN, BRIAN W				7. Name and Address of New Registered Agent Name				
226 PALAFOX PLACE NINTH FLOOR SEVILLE PENSACOLA, FL 32502				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip	Code
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								
Filing Fee is \$50.00 Due by September 14, 2007						Florida	check payable Department of	
9.	MANAGING MEMBE		10.				CHANGES 9-	
NAME STREET ADDRESS CITY-ST-ZIP	Betty Jackson \$ 1100 Forest Lane			ADDRESS -ZIP			☐ Ch	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NDORESS - 719		,	☐ Che	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	Member Leonard Held NJ 2311 Highland Ave South ST			NOORESS - ZIP			☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Delete III			NDORESS - Zup			☐ Cha	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET A CITY-ST-		-		☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-UP	-	☐ Cuciete	TITLE MAME STREET A CITY-ST-	REIN	STATE	MENT_	2007	nge Addition
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: Settly by Make or Bushes spandolic Member, MAMAGER, OR AUTHORIZED REPRESENTATIVE Date Designing Progres -								