

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 9:26

DOCUMENT # L06000115010 1. Entity Name WELCOME MAT TRAILER PARK, LLC					
Principal Place of Business 2311 HIGHLAND AVE SOUTH BIRMINGHAM, AL 35205			Mailing Address 2311 HIGHLAND AVE SOUTH BIRMINGHAM, AL 35205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 756			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Anniston, Alabama		4. FEI Number 26-0574188	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 38202		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOFFMAN, BRIAN W 226 PALAFOX PLACE NINTH FLOOR SEVILLE PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Betty Jackson 1100 Forest Lane Anniston, Alabama 36207		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jack Held 2311 Highland Ave South Birmingham, Alabama 35205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Leonard Held 2311 Highland Ave South Birmingham, Alabama 35205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Held Trust B 2311 Highland Ave South Birmingham, Alabama 35205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT 2007					
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 606, Florida Statutes.					
SIGNATURE: <u>Betty Jackson</u>			8/20/07		228-831-1322
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>