

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047583

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** COUNTRY LAKES COMMUNITIES MHP, LLC

**Current Principal Place of Business:**

C/O IVY FINANCIAL SERVICES  
575 HIGH STREET, #350  
PALO ALTO, CA 94301

**New Principal Place of Business:**

C/O IVY FOUNDATION  
575 HIGH STREET, #350  
PALO ALTO, CA 94301

**Current Mailing Address:**

C/O IVY FINANCIAL SERVICES  
575 HIGH STREET, #350  
PALO ALTO, CA 94301

**New Mailing Address:**

C/O IVY FOUNDATION  
575 HIGH STREET, #350  
PALO ALTO, CA 94301

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBB, RICHARD S IV, ESQ  
C/O ICARD, MERRILL, ET AL.  
2033 MAIN STREET, #600  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLYMPIC MANAGEMENT,, LLC  
Address: 575 HIGH STREET, #350  
City-St-Zip: PALO ALTO, CA 94301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE IVY

MS.

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date