

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049385

FILED
Jan 16, 2012
Secretary of State

Entity Name: RECREATIONAL VEHICLE PARK MANAGMENT LLC

Current Principal Place of Business:

10005 W. EMERALD COAST PARKWAY US HWY 98
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

10005 W. EMERALD COAST PARKWAY US HWY 98
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 26-0148956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, PATRICK
10005 W. EMERALD COAST PARKWAY US HWY 98
MIRAMAR BEACH, FL 32550 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: PRES
Name: O'NEILL, PATRICK
Address: 10005 W. EMERALD COAST PARKWAY US HWY 98
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP
Name: O'NEILL, HEATHER M
Address: 10005 W. EMERALD COAST PARKWAY US HWY 98
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: DIR
Name: O'NEILL, KIRSTAN M
Address: PO BOX 1718
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR
Name: O'NEILL, MEGAN K
Address: PO BOX 1718
City-St-Zip: SANTA ROSA BEACH, FL 32550

Title: DIR
Name: O'NEILL, NELSON P
Address: PO BOX 1718
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR
Name: O'NEILL, KAYLYNN&MAGGIE M
Address: PO BOX 1718
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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: PATRICK O'NEILL

PRES

01/16/2012

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