

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054866

Entity Name: L & N TRAILER PARK, LLC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

12410 PHILLIPS LANE  
GIBSONTOWN, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

3220 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 26-0234325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARSEN, MELINDA E  
3220 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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: LARSEN, MELINDA E  
Address: 3220 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Delete  
Name: ARTHUR S NIENOW REVO, CABLE TRUST  
Address: 1614 ATLANTIC DR  
City-St-Zip: RUSKIN, FL 33570

Title: MGR ( ) Delete  
Name: LARSEN, HOWARD L II  
Address: 3220 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

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

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

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: MELINDA E LARSEN

MGR

03/19/2009

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