

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# L07000106614

Entity Name: PARADISE COVE MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

2600 EARLENE DRIVE  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

6630 MAGNOLIA POINT DRIVE  
LAND O' LAKES, FL 34637

**New Mailing Address:**

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

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

CAROLINE, PETER J  
6630 MAGNOLIA POINT DRIVE  
LAND O' LAKES, FL 34637    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:                      MGRM                      ( ) Delete  
Name:                      CAROLINE, PETER J  
Address:                      6630 MAGNOLIA POINT DRIVE  
City-St-Zip:                      LAND O' LAKES, FL 34637

**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: PETER J. CAROLINE                      MGRM                      04/29/2008

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