



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90071 011 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                      |                                                                            |                                                                                   |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # L07000111350</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                      |                                                                            |  |                                   |
| 1. Entity Name<br>AZELA MOBILE HOME PARK, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                      |                                                                            |                                                                                   |                                   |
| Principal Place of Business<br>160 SAN JUAN AVENUE<br>#18<br>EAST PALATKA, FL 32131 US                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                      | Mailing Address<br>160 SAN JUAN AVENUE<br>#18<br>EAST PALATKA, FL 32131 US |                                                                                   |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | 3. Mailing Address                                   |                                                                            |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Suite, Apt. #, etc.                                  |                                                                            |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | City & State                                         |                                                                            |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                | Zip                                                  | Country                                                                    |                                                                                   |                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                      | 7. Name and Address of New Registered Agent                                |                                                                                   |                                   |
| CRABTREE, R R<br>8777 SAN JOSE BLVD<br>BLDG A, SUITE 200<br>JACKSONVILLE, FL FL                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                      | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                  |                        |                                                      |                                                                            |                                                                                   |                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Make check payable to<br>Florida Department of State |                                                                            |                                                                                   |                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                      | 10. ADDITIONS/CHANGES                                                      |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                   | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MCMULLEN, LINDA S      |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4745 RAGGEDY POINT RD. |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ORANGE PARK, FL 32003  |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                   | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MCMULLEN, FLOYD E      |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4745 RAGGEDY POINT RD. |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ORANGE PARK, FL 32003  |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/> Delete                      | TITLE                                                                      | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                      | NAME                                                                       |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                      | STREET ADDRESS                                                             |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                      | CITY-ST-ZIP                                                                |                                                                                   |                                   |
| 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 608, Florida Statutes. |                        |                                                      |                                                                            |                                                                                   |                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                      | 3-24-2008 9043775722                                                       |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                      | Date Daytime Phone #                                                       |                                                                                   |                                   |

60019340



03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1350346 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required