2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 09, 2008 8:00 am
Secretary of State
03-17-2008 90259 022 ***138.75

DOCUMENT # L07000121869

1. Entity Name

CITRUS HILLS RV PARK ASSOCIATES, LLC

30003546

1st MOORE CR2E083 (10/07)

Principal Place of Business	Mailing Address
1007 LAKEWOOD DRIVE BRANDON FL 33570-2822	PO BOX 2750 BRANDON FL 33509

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5401 BOCA GRANDE CIRCLE	PO BOX 2750
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOVER, FLORIDA	City & State: BRANDON FLORIDA
Zip: 33527 Country: USA	Zip: 33509-2750 Country: USA

4. FEI Number: 26-1558072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPRINGER, CHARLES E 1007 LAKEWOOD DRIVE BRANDON FL 33570-2822	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER CHARLES E. SPRINGER 1007 LAKEWOOD DR. BRANDON, FLORIDA 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER LOUISE W. SPRINGER 1007 LAKEWOOD DR. BRANDON, FLORIDA 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER CHARLES D. SPRINGER 15610 COLDING LOOP WIMAUMA, FLORIDA 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise W Springer - LOUISE W. SPRINGER 3-7-08 813 685-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #