2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112841

Entity Name: CROSS CREEK MOBILE HOME PARK, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1914 SE CR 219A 3528 NW 37TH AVE HAWTHORNE, FL 32640 GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

1914 SE CR 219A 3528 NW 37TH AVE HAWTHORNE, FL 32640 GAINESVILLE, FL 32605

FEI Number: 26-3895655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADKINS, ARTHUR A III ADKINS, ARTHUR A III 1914 SE CR 219A 3528 NW 37TH AVE

HAWTHORNE, FL 32640 US GAINESVILLE, FL 32605 US

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: 04/30/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition ADKINS, ARTHUR A III ADKINS, ARTHUR A III Name: Name:

1914 SE CR 219A Address: 3528 NW 37TH AVE Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete Title: () Change () Addition

ADKINS, KATHLEEN Name: Name: Address: 1914 SE CR 219A Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

ADKINS, ARTHUR A IV Name: Name: Address: 1914 SE CR 219A Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: ADKINS, DUSTIN Z Name: Address: 1914 SE CR 219A Address: City-St-Zip: HAWTHORNE, FL 32640 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: ARTHUR ADKINS III **MGRM** 04/30/2009