

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018989

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** NEW RIVER MOBILE HOME PARK LLC

**Current Principal Place of Business:**

8919 DONNA LU DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

8919 DONNA LU DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 27-2213700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWNELL, WILLIAM J  
8919 DONNA LU DRIVE  
ODESSA, FL 33556 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  
**Name:** BROWNELL, WILLIAM J  
**Address:** 8919 DONNA LU DRIVE  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGRM  
**Name:** WOOD, THERESA  
**Address:** 1905 WEST KIRBY  
**City-St-Zip:** TAMPA, FL 33604

**Title:** MGRM  
**Name:** BLOMSNESS, PATRICIA  
**Address:** 15 WILLOW BAY DR  
**City-St-Zip:** SOUTH BARRINGTON, IL 60010

**Title:** MGR  
**Name:** LANCE, MONNIE  
**Address:** 8919 DONNA LU DRIVE  
**City-St-Zip:** ODESSA, FL 33556

I hereby 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:** WILLIAM J. BROWNELL

MGRM

02/09/2011

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