


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L99Q00000976 1. Entity Name VILLA SOCIN MOBILE HOME PARK, L.L.C.	
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Principal Place of Business 950 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547	Mailing Address 950 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



08272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3757537	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GIBSON, DAVID K 950 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, DAVID 950 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547
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09/10/04-80001-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>David K Gibson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>Sept 8 - 04</u> <small>Date</small>	<u>Daytime Phone #</u>
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