

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90190 001 \*\*\*150.00

**DOCUMENT # M02000001161**

1. Entity Name

**TWIN CITY MOBILE HOME PARK LLC**



Principal Place of Business

**40 BARBER TERRACE  
SOUTH BURLINGTON, VT 05403**

Mailing Address

**40 BARBER TERRACE  
SOUTH BURLINGTON, VT 05403**

00000000



02232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0270172**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, CHRISTOPHER C PA  
2837 1ST AVE. N  
ST. PETERSBURG, FL 33713**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JAC PROPERTY MANAGEMENT LLC  
40 BARBER TERRACE  
SOUTH BURLINGTON, VT 05403**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-23-04**

**802 862-5560**