2007 LIMITED LIABILITY COMPANY

Jan 30, 2007 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # M02000001161** 01-30-2007 90033 019 ****50.00 TWIN CITY MOBILE HOME PARK LLC Principal Place of Business Mailing Address **40 BARBER TERRACE 40 BARBER TERRACE** SOUTH BURLINGTON, VT 05403 SOUTH BURLINGTON, VT 05403 01242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0270172 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, CHRISTOPHER C PA DO NOT WRITE 2837 1ST AVE. N ST. PETERSBURG, FL 33713 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE JAC PROPERTY MANAGEMENT LLC STREET ADDRESS **40 BARBER TERRACE** SOUTH BURLINGTON, VT 05403 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE

DO NOT WRITE IN THIS SPACE

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-77P IIILE NAME STREET ADDRESS CITY-ST-7IP ITILE NAME: STREET ADDRESS CITY-ST-ZIP

CITY-ST-70P TITLE

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

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