

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005112

**FILED**  
**May 05, 2005**  
**Secretary of State**

**Entity Name:** TREMONT/MORGAN RV PARK FUND, LLC

**Current Principal Place of Business:**

THE PRUDENTIAL TOWER  
800 BOYLSTON STREET, SUITE 401  
BOSTON, MA 02199

**New Principal Place of Business:**

**Current Mailing Address:**

THE PRUDENTIAL TOWER  
800 BOYLSTON STREET, SUITE 401  
BOSTON, MA 02199

**New Mailing Address:**

**FEI Number:** 20-1653042      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NATIONSCORP REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM      ( ) Delete  
**Name:** TREMONT/MORGAN, LLC,  
**Address:** 800 BOYLSTON STREET, SUITE 401  
**City-St-Zip:** BOSTON, MA 02199

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB MORGAN

MGMB

05/05/2005

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