

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005295

FILED
Jan 28, 2005
Secretary of State

Entity Name: MORGAN RV PARK MANAGEMENT, LLC

Current Principal Place of Business:

6390 PLASTERMILL ROAD
VICTOR, NY 14564

New Principal Place of Business:

Current Mailing Address:

6390 PLASTERMILL ROAD
VICTOR, NY 14564

New Mailing Address:

FEI Number: 20-1652977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: MORGAN, HERBERT
Address: 6390 PLASTERMILL ROAD
City-St-Zip: VICTOR, NY 14564

Title: MGR (X) Delete
Name: MOSER, ROBERT
Address: 6390 PLASTERMILL ROAD
City-St-Zip: VICTOR, NY 14564

Title: MGR (X) Delete
Name: THE ROBERT MORGAN LP, II
Address: 6390 PLASTERMILL ROAD
City-St-Zip: VICTOR, NY 14564

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THE ROBERT MORGAN LP, II
Address: 6390 PLASTERMILL ROAD
City-St-Zip: VICTOR, NY 14564

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

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: JORDAN MORGENSTERN

AUTH

01/28/2005

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