2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State
05-25-2006 90118 027 ****50.00

DOCUMENT # M05000006848

1. Entity Name
NHC-FL116, LLC

Principal Place of Business	Mailing Address
~~C/O NATIONAL HOME COMMUNITIES, LLC~~ 6991 EAST CAMELBACK ROAD, SUITE B-310 SCOTTSDALE, AZ 85251	~~C/O NATIONAL HOME COMMUNITIES, LLC~~ 6991 EAST CAMELBACK ROAD, SUITE B-310 SCOTTSDALE, AZ 85251

05032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3804785 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAWS, SONYA K ESQ.
MESSER, CAPARELLO, & SELF, PA
3116 CAPITAL CIRCLE NE, SUITE 5
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIONAL RV COMMUNITIES, LLC 6991 CAMELBACK ROAD, SUITE B-310 SCOTTSDALE, AZ 85251	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: By: National RV Communities, LLC Colleen S. Edwards — 5-2-06 — 4804235200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Colleen S. Edwards, President