

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003421

FILED
May 01, 2008
Secretary of State

Entity Name: LINGER LONGER MOBILE H.P., LLC

Current Principal Place of Business:

6334 GREENGROVE COURT
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6334 GREENGROVE COURT
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 86-1058447 **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:

CAPPS, BILL R
6334 GREENGROVE COURT
ORLANDO, FL 32819 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/MANAGERS:

Title: MGR () Delete
Name: WALTERS, WILLIAM D
Address: 44 INDIAN HILLS
City-St-Zip: MOUNTAIN CENTER, CA 92561

Title: MGR () Delete
Name: WALTERS, ANNE MARIE
Address: 44 INDIAN HILLS
City-St-Zip: MOUNTAIN CENTER, CA 92561

Title: MGR () Delete
Name: ELLIOT, JULIAN
Address: 608 SILVER SPUR ROAD
City-St-Zip: ROLLING HILLS ESTATES, CA 90274

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: BILL R CAPPS

RA

05/01/2008

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