## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M08000000002

1. Entity Name NHC-FL120, LLC



Principal Place of Business

Striffett 195

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

% NATIONAL RV COMMUNITIES, LLC 6991 E CAMELBACK RD - STE B310 SCOTTSDALE, AZ 85251 Mailing Address

% NATIONAL RV COMMUNITIES, LLC 6991 E CAMELBACK RD - STE B310 SCOTTSDALE, AZ 85251



04142008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number 26-1584549 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	anamed entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		U00000932578
NAME	NRVC-GE HOLDING CO., LLC	<b>1</b> ° 05	//22/08-80061-009 <sub>:</sub> 143.75
STREET ADDRESS	% 6991 E CAMELBACK RD - STE B-310		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		
TITLE			
NAME 07055T LD00500		B	4
STREET ADDRESS CITY-ST-ZIP		, , , , , ,	
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NAME			
STREET ADDRESS			

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: Collein D. Edwards
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #