

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90163 029 \*\*\*\*50.00

**DOCUMENT # L01000005606**

1. Entity Name  
**PALMETTO MOBILE HOME PARK, LLC**

Principal Place of Business <b>2121 N.W. 29TH CT.          FT LAUDERDALE FL 33311</b>	Mailing Address <b>2121 N.W. 29TH CT.          FT LAUDERDALE FL 33311</b>
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2. Principal Place of Business	3. Mailing Address <b>370 EAST MAPLE ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>3RD FLOOR</b>
City & State	City & State <b>BIRMINGHAM, MI</b>
Zip	Country <b>USA</b>
Country	Zip <b>48009</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1095393</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAVIS & BELLINSON, LLC  
 2121 N.W. 29TH CT.  
 FT LAUDERDALE FL 33311**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ROBERT S. 16474 BROOKFIELD WAY DRIVE DELRAY, FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L. 242 ASPEN BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, DOUGLAS 4180 SOUTHWEST 53RD AVENUE DAVIE, FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED Date: 3/12/02 Daytime Phone #: (248)988-8875

CR2E083 (9/01)