

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90008 048 ****50.00

DOCUMENT # L01000006288

1. Entity Name

BISCAYNE BREEZE MOBILE HOME PARK, LLC

Principal Place of Business

2121 N.W. 29TH CT., UNIT C-1
 FT LAUDERDALE FL 33311

Mailing Address

2121 N.W. 29TH CT., UNIT C-1
 FT LAUDERDALE FL 33311

80039503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

370 EAST MAPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD FLOOR

City & State

City & State
BIRMINGHAM, MI

4. FEI Number

65-1100336

Applied For

Not Applicable

Zip

Country

Zip

Country

48009

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROBERT S
2121 N.W. 29TH CT., UNIT C-1
FT LAUDERDALE FL 33311

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 Delete
 NAME **MGRM**
 STREET ADDRESS **DAVIS, ROBERT S TRUSTEE**
 CITY-ST-ZIP ~~16474 BROOKFIELD WAY DRIVE~~
DELRAY FL 33446

TITLE Change Addition
 NAME
 STREET ADDRESS **16474 BROOKFIELD ESTATES WAY**
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **BELLINSON, JAMES L**
 CITY-ST-ZIP **242 ASPEN**
BIRMINGHAM MI 48009

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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

2/25/2002 (248) 988-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)