


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**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 370 E MAPLE RD 3RD FLOOR BIRMINGHAM, MI 48009
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**DO NOT WRITE IN THIS SPACE**



02132004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1100336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

00000111883  
04/13/04-80038-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, ROBERT S TRUSTEE 16474 BROOKFIELD ESTATES WAY DELRAY, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLINSON, JAMES L 242 ASPEN BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **3/8/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #