


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90019 006 ****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
**370 E MAPLE RD
 3RD FLOOR
 BIRMINGHAM, MI 48009**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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



02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1100336

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name
RIVERSTONE COMMUNITIES

Street Address (P.O. Box Number is Not Acceptable)
2121 N.W. 29TH COURT

City **FT. LAUDERDALE** FL Zip Code **33311**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** Change Addition
 NAME **BELLINSON, JAMES L.**
 STREET ADDRESS **370 E. MAPLE, 3RD FLOOR**
 CITY-ST-ZIP **BIRMINGHAM, MI 48009**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APR 12 2005
 Date Daytime Phone #