

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000014024

1. Entity Name
LAKE SHORE MOBILE HOME PARK, LLC



Principal Place of Business
**2121 N.W. 29TH COURT
FORT LAUDERDALE, FL 33311**

Mailing Address
**370 E MAPLE RD 3RD FLR
BIRMINGHAM, MI 48009**

DO NOT WRITE IN THIS SPACE



02202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-1541005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS AND BELLINSON, LLC
2121 N.W. 29TH COURT
FORT 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

**U00000111885
04/13/04-80038-021 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DAVIS, ROBERT S
16474 BROOKFIELD ESTATES WAY
DELRAY BEACH, 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
**MGRM
PETERSON, DOUGLAS
480 SW 53RD AVE
FORT LAUDERDALE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

5/20/04