

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04669

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** BAY MOBILE HOME PARKS, LIMITED OF MANATEE COUNTY, FLORIDA

**Current Principal Place of Business:**

100 MAIN STREET, SUITE 207  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

100 MAIN STREET, SUITE 207  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 59-1820443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, ROBERT J  
100 MAIN STREET, SUITE 207  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: 491708  
Name: COASTAL MOBILE HOME PARKS, INC.  
Address: 100 MAIN STREET, SUITE 207  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: COASTAL MOBILE HOME PARKS, INC

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/15/2010

\_\_\_\_\_  
Date