

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J44201**

1. Entity Name  
 OKOMO MOBILE HOME PARK PROPERTIES, INC.



Principal Place of Business Mailing Address  
 3001 TAFT ST. 3001 TAFT ST.  
 HOLLYWOOD, FL 33021-4440 HOLLYWOOD, FL 33021-4440



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2759837</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZELL, DAVID  
 3001 TAFT ST.  
 HOLLYWOOD, FL

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UN0000455400  
 03/15/06-80058-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZELL, DAVID
STREET ADDRESS	3001 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 954 9221042  
 Date Daytime Phone #