2001 UNIFORM BUSINESS REPORT (UBR) 220 DOCUMENT # LOOOOOO 4771 1. Entity Name FILED PINECREST II MOBILE HOME PARK, LLC 01 APR -6 PM 4: 16 Principal Place of Business SECRETARY OF STATE 2500 SZND AVENUE 370 EAST MAPLERO. 3RD FLOOR. -TALLAHASSEE, FLORIDA BIRMINGHAM, MI 48009 ST. PETERSBURG. FL 33701 ~a .... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3644300 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, ROBERT S. Street Address (P.O. Box Number is Not Acceptable) S740 HOLLYWOOD BLVD. SUITE IDZ HOLLYWOOD, FL 33021 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable DATE 000003996030---04/12/01--01135--009 ILENOWIII FEETS \*\*\*\*\*50.00 \*\*\*\*50.00 MANAGING MEMBERS/MEMBERS 9. ADDITIONS/CHANGES TITLE MGRM ☐ Change ☐ Addition ☐ Delete TITL F NAME NAME DAVIS, ROBERT S., TRUSTEE STREET ADDRESS STREET ADDRESS 16474 BROOKFIELD ESTATES WAY CITY-ST-ZIP CITY-ST-7/P DELRAY BEACH FL 33446 MGRM TITLE ☐ Delete Change Addition BELLINSON, JAMES NAME NAME 242 ASPEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILMINGHAM, MI 48009 ☐ Addition TITLE MGRM ☐ Delete TITLE ☐ Change NAME PETEKSON, DOUGLOS STREET ADDRESS STREET ADDRESS 4180 Southwest S3RD AVENUE CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition NA. IF NAME STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

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