## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010155

MOBILE HOME PARK, LLC

1. Entity Name

## **FILED** May 12, 2002 8:00 am Secretary of State

05-12-2002 90598 031 \*\*\*\*50.00

	DO NOT WRITE	IN THIS	SPAC	E		9 5 8	8370
2. Principal Place of Business 1500 N. Orange Avenue 3. Mailing Address 1500 N. Ora				venue			
Suite, Apt.	#, etc.	Suite, Apt. ₽, etc.			DO NOT WRITE IN THIS SPACE		
	e sota,,Florida	City & State Sarasota, Florida			4. FEI Number 65-1038563		Applied For Not Applicable
Zip <u>34236</u>	Country SARASOTA	Zip 34236	Count SARA	-	5. Certificate of Status Desired	☐ \$5 Fe	5.00 Additional e Required
					7. Name and Address of Curren	t Registered A	gent
DO NOT WRITE IN THIS SPACE				ANDREW L. REIFF, P. A.  Street Address (P.O. Box Number is Not Acceptable) 135 W. Central Boulevard, Suite 720			
The above named entity submits this statement for the purpose of changing				City Orlando		FL	Zip Code 32801
SIGNATURE _	Signature, typed or printed name of registered agent		ng its registere	office or registi	ered agent, or both, in the State of Fl		<del></del>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FEE IS : K Payable to DUE BY	Department	of State	DATE	
9. MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY+ST-ZIP	Managing Member GEORGE RAY, JR. 1844 P Noghid P		TITLE NAME STREE CEEV	ADDRESS I+DP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member HUGH RAY 19 44 N Noshill Planton F-19	Road	TITE NAME STREET CFTY-S	ACOPESS 1: 202			
TITLE	Managing Member		THE				

NAME STREET A CITY-ST TITLE MARY RAY N. Noshill Road Plan rang Fla 33322 NANE STREET ADDRESS STREET ADDRESS **DO NOT WRITE** CITY - ST - ZIP CELY SI.7P TITLE 33100 IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY ST ZP TITLE BTLE NAME NAME STREET ADDRESS STREET ACCRESS CITY - ST - ZIP CITY-ST-78 mle NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CETY-ST-2P

11. Thereby 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 ON PRINTED NAME OF STIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GEORGE RAY, JR. Mananging Member

856-952-0106