



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000015663</b> 1. Entity Name MARINER'S COVE MOBILE HOME PARK, LLC	
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Principal Place of Business 2121 N.W. 29TH CT., UNIT C-1 FT LAUDERDALE, FL 33311	Mailing Address 370 EAST MAPLE ROAD 3RD FLOOR BIRMINGHAM, MI 48009 US
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**DO NOT WRITE IN THIS SPACE**

	
02162004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3695512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  DAVIS, ROBERT S 2121 N.W. 29TH CT., UNIT C-1 FT LAUDERDALE, FL 33311	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

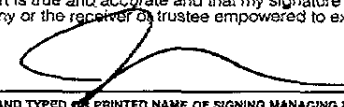
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROBERT S. DAVIS REVOCABLE TRUST 16474 BROOKFIELD ESTATES WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JAMES, BELLINSON L 242 ASPEN BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PETERSON, DOUGLAS 4180 SOUTHWEST 53RD AVE. DAVIE, FL 33314
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**

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:**  **3/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #