

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90037 032 ****50.00

DOCUMENT # L00000015663

1. Entity Name

MARINER'S COVE MOBILE HOME PARK, LLC



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

00092547



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3695512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERSTONE COMMUNITIES
2121 N.W. 29TH CT., UNIT C-1
FT LAUDERDALE, FL 33311

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PETERSON, DOUGLAS
19000 SW 54TH PL
SOUTHWEST RANCHES, FL 33332

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BELLINSON, JAMES L
370 E MAPLE, 3RD FLOOR
BIRMINGHAM, MI 48009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

11. 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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #