


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004579 1. Entity Name MOBILE HOME PARK II, LLC	
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Principal Place of Business 1844 N. NOB HILL RD. BOX 622 PLANTATION, FL 33322	Mailing Address 1844 N. NOB HILL RD. BOX 622 PLANTATION, FL 33322
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03162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1087968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REIFF, ANDREW L 135 WEST CENTRAL BLVD., STE. 720 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUGH, RAY 1844 N. NOBHILL RD. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAY, JR., GEORGE 1844 N. NOBHILL RD. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAY, MARY 1844 N. NOBHILL RD. PLANTATION, FL 33322
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03/22/04-80042-023 50.00

**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)(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: *Mary Ray* **3 16 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #