

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000004579

1. Entity Name
MOBILE HOME PARK II, LLC



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



02172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1087968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**

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

3 16 05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUGH, RAY
STREET ADDRESS	1844 N. NOBHILL RD.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	RAY, JR., GEORGE
STREET ADDRESS	1844 N. NOBHILL RD.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	RAY, MARY
STREET ADDRESS	1844 N. NOBHILL RD.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80003-010 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:

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

Date

Daytime Phone #

3 16 05