

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 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



02242006No Chg-LLC

CR2E083 (11/05)

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/11/06-80105-015 50.00

**DO NOT WRITE
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 609, Florida Statutes.

SIGNATURE:

Ray Ray Partner

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

3,20,06 410 9697656
Date Daytime Phone #