

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004579

Entity Name: MOBILE HOME PARK II, LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

1844 N. NOB HILL RD.
BOX 622
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 N. NOB HILL RD.
BOX 622
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-1087968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIFF, ANDREW L
135 WEST CENTRAL BLVD., STE. 720
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

REIFF, ANDREW L
135 WEST CENTRAL BLVD., STE. 730
ORLANDO, FL 32801 US

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.

SIGNATURE:

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUGH, RAY
Address: 1844 N. NOBHILL RD.
City-St-Zip: PLANTATION, FL 33322

Title: MGRM () Delete
Name: RAY, JR., GEORGE
Address: 1844 N. NOBHILL RD.
City-St-Zip: PLANTATION, FL 33322

Title: MGRM () Delete
Name: RAY, MARY
Address: 1844 N. NOBHILL RD.
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE RAY

MGRM

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date