



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000005606</b> 1. Entity Name PALMETTO MOBILE HOME PARK, LLC	
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Principal Place of Business 2121 N.W. 29TH CT. FT LAUDERDALE, FL 33311	Mailing Address 370 EAST MAPLE ROAD 3RD FLOOR BIRMINGHAM, MI 48009
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**DO NOT WRITE IN THIS SPACE**



02142004No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1095393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  DAVIS & BELLINSON, LLC 2121 N.W. 29TH CT. FT LAUDERDALE, FL 33311	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2004**

U000000111870  
04/13/04-80038-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, ROBERT S 16474 BROOKFIELD WAY DRIVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLINSON, JAMES L 242 ASPEN BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERSON, DOUGLAS 4180 SOUTHWEST 53RD AVENUE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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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:** \_\_\_\_\_ **3/8/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #