


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L01000013345	
1. Entity Name PICKWICK MOBILE HOME PARK, LLC	

Principal Place of Business 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311	Mailing Address 370 E MAPLE RD 3RD FLR BIRMINGHAM, MI 48009
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**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2665900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DAVIS AND BELLINSON, LLC 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000111872  
 04/13/04-80038-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, ROBERT S 16474 BROOKFIELD ESTATES WAY 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	
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**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)(f), 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:** \_\_\_\_\_ **Date** 3/8/04 **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE