

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90261 042 ****50.00

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**

30004690



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03072008 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
58-2665900

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVIS AND BELLINSON, LLC
 2121 N.W. 29TH COURT
 FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent
 Name
RIVERSTONE COMMUNITIES
 Street Address (P.O. Box Number is Not Acceptable)
2121 N.W. 29TH COURT
 City
FT. LAUDERDALE FL Zip Code
33311

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 4/4/06

Signature. Register printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

**Filing Fee is \$50.00
 Due by May 7, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L 242 ASPEN BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L 370 E MAPLE, 3RD FLOOR BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: _____ DATE 3/15/06

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