2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013345

PICKWICK MOBILE HOME PARK, LLC



FILED Mar 31, 2003 8:00 am 'Secretary of State
03-31-2003 90010 018 ****50.00

Principal Plac	e of Business	Mailing Address .								
		2121 N.W. 29TH COURT FORT LAUDERDALE FL 33311								
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2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							18 1 5 11 1 58 1
i		370 E. MAPLE ROAD				119611	11 11 11 11 11 11 11 11 11 11 11 11 11		/B (1108 (1111 41	901 4111 1241
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE	F MAKING	CHANGES	
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City & Stat	e	City & State				4. FEI Num	ber 58-266590 0)	Ar	oplied For
		BIRMINGHAM,						No	ot Applicable	
Zip	Country			Country J.S.A.		E Cortifica	to of Status Desired		\$5.00 Add	ditional
						5. Certificate of Status Desired Fee Required				d
	6. Name and Address of Current R	egistered Agent	pistered Agent			7. Name as	nd Address of New Re	egistered A	gent	
DAVID AND DELLINOON I.I.O						:	*	. = 3		- "
	IS AND BELLINSON, LLC			Street Address (P.O. Bay Number is Not						
	N.W. 29TH COURT	Street Address			uuless (r.	(P.O. Box Number is Not Acceptable)				
FOR	T LAUDERDALE FL 33311					-				
			-							
				City				FL	Zip Code	e (
0 The share						b	ash in the Chata of Flor		مانان د د داناه	and assest
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 obliqations of registered agent.										
ino obligat	iono or rogiotoros agoria.									
SIGNATURE .										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					ure required w	nen reinstating)		DATE		
		FILE NO	I !!!WC	FEE IS \$	50.00					j
Make Check Payable to					partment	t of State				
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•	MANIACINIC MEMBER	<u> </u>					ADDITIONS //	CHANCES		
9.	MANAGING MEMBER	- 	10.				ADDITIONS/0	UMANGES		
TITLE		☐ Delete	TITL						Change	☐ Addition
NAME	DAVIS, ROBERT S	A.V	NAM							
STREET ADDRESS	16474 BROOKFIELD ESTATES W	AY	4	ET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33446	· · · · · · · · · · · · · · · · · · ·	CHY	-ST-ZIP						
TITLE	MGRM	Delete	TITLE	Ε					Change	☐ Addition
NAME	BELLINSON, JAMES L		NAM	E	!					
STREET ADDRESS	242 ASPEN		STRE	ET ADORESS						ļ
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY	-ST-ZIP						ļ
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CITY-ST-ZIP			CITY	-ST-ZIP						
11. I hereby o	ertify that the information supplied with the	his filing does not qualify for	the exe	mption stat	ed in Sect	tion 119.07(3	3)(i), Florida Statutes. I	further certi	fy that the ir	nformation
indicated limited lia	on this report is true and accurate and the bility company or the receiver or trustee of	nat my signature shall have empowered to execute this	the same report as	e legal effec s required b	ct as if ma by Chapter	de under oa r 608, Florida	th; that I am a managi a Statutes.	ng member	or manage	r of the