

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021046

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA MANUFACTURED HOUSING SERVICES, LLC

Current Principal Place of Business:

2121 NORTHWEST 29TH COURT, LOT C-1
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

370 E. MAPLE ROAD
3RD FLOOR
BIRMINGHAM, MI, MI 48009 US

New Mailing Address:

2121 NORTHWEST 29TH COURT, LOT C-1
FORT LAUDERDALE, FL 33311 US

FEI Number: 05-0536532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, DOUG
2121 NORTHWEST 29TH COURT, LOT C-1
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BELLINSON, JAMES L
Address: 370 E. MAPLE RD., 3RD FLOOR
City-St-Zip: BIRMINGHAM, MI 49009 US

Title: VP () Delete
Name: PETERSON, DOUG
Address: 2121 NW 29TH COURT LOT L-1
City-St-Zip: FT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELLINSON, JAMES L
Address: 370 E. MAPLE RD., 3RD FLOOR
City-St-Zip: BIRMINGHAM, MI 49009 US

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: JAMES L. BELLINSON

MGRM

04/24/2009

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