

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90195 011 \*\*\*\*50.00

**DOCUMENT # L02000024412**

1. Entity Name  
**MOBILE HOME PARK III, LLC**



Principal Place of Business  
**135 W. CENTRAL BLVD.  
ORLANDO, FL 32801**

Mailing Address  
**P.O. BOX 1059  
ORLANDO, FL 32802-1059**

24011640



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4508946**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REIFF, ANDREW L  
135 W. CENTRAL BLVD.  
ORLANDO, FL 32801**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAY, HUGH <del>170 PROSPECT AVENUE, APARTMENT 7S</del> <del>HACKENSACK, N.J. 07601</del> <i>New Addr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAY, HUGH 53 main st HACKENSACK, N.J. 07601
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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)(c), 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:**

*Hugh Ray*

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

DATE

DATE OF PREPARATION