

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012667

1. Entity Name

SEVEN PINES MOBILE HOME PARK, L.L.C.



Principal Place of Business

Mailing Address

3420 - 64TH TERRACE, NORTH
PINELLAS PARK FL 33781

3420 - 64TH TERRACE, NORTH
PINELLAS PARK FL 33781



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-2201660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENTE, MAX L
3420 - 64TH TERRACE, NORTH
PINELLAS PARK FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 terminating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

Sent 2-24-05

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p>P WENTE, MAX L 3420 64TH TER N PINELLAS PARK FL 33781</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p>U00000246937 02/28/05-80088-007 55.00</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Additor</p>	
<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p>V WENTE, MARY K 3420 64TH TER N PINELLAS PARK FL 33781</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Additor</p>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

M. L. Wente Pres

2-24-05 727-522-580