


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State


04-17-2007 90255 010 ****50.00

DOCUMENT # L03000040750 1. Entity Name GROVELAND MOBILE HOME PARK, LLC	
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Principal Place of Business 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311	Mailing Address 370 E. MAPLE RD 3RD FLOOR BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE

60037811



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0449398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERSTONE COMMUNITIES 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
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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.

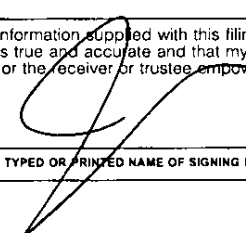
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, DOUGLAS 19000 SW 54TH PLACE S.W. RANCHES, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DABKOWSKI, GARY 44440 MIDWAY DR NOVI, MI 48375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L 370 E MAPLE RD, 3RD FLOOR BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *  **4/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #