2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061655

1. Entity Name
103RD STREET MOBILE HOME PARK LLC

Principal Place of Business	Mailing Address
2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084	2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

03162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1512872
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OCONNELL, WILLIAM H
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ASHDJI, FARID
STREET ADDRESS	45 ANASTASIA LAKES DRIVE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGR
NAME	KHADIJA, ELAMRI
STREET ADDRESS	2141 LYMINGTON WAY
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	MGR
NAME	ASHCHI, NADER P
STREET ADDRESS	2221 20TH ST NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	MGR
NAME	SHAFI, SHERIF
STREET ADDRESS	1107 SCUBA CT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	MGR
NAME	FERRO, FRANK
STREET ADDRESS	262 HERMOSA CT
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000492977
04/19/06-80087-006 50.00

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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: _____ MAR 30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #