

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 025 ****50.00

DOCUMENT # L04000061655

1. Entity Name
103RD STREET MOBILE HOME PARK LLC



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

Mailing Address
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282007

Chg-LLC

CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ASHDI, FARID
STREET ADDRESS 45 ANASTASIA LAKES DRIVE
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE MGR ☐ Delete
NAME KHADIJA, ELAMRI
STREET ADDRESS 2141 LYMINGTON WAY
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE MGR ☒ Delete
NAME ASHCHI, NADER P
STREET ADDRESS 2221 20TH ST NW
CITY-ST-ZIP WINTER HAVEN, FL 38881

TITLE MGR ☐ Delete
NAME SHAFI, SHERIF
STREET ADDRESS 1107 SCUBA CT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE MGR ☐ Delete
NAME FERRO, FRANK
STREET ADDRESS 262 HERMOSA CT
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE mgr ☐ Change ☒ Addition
NAME Ferro, Irene
STREET ADDRESS 262 Hermosa Ct.
CITY-ST-ZIP St. Augustine, FL 32086

TITLE mgr ☐ Change ☒ Addition
NAME Da Sylva, Judith A.
STREET ADDRESS 2 Rising moon Trail
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4/30/07

Date

Daytime Phone #