2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000061655

Entity Name: 103RD STREET MOBILE HOME PARK LLC

Current Principal Place of Business:

2825 LEWIS SPEEDWAY
STE104
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2825 LEWIS SPEEDWAY
STE104
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1512872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCONNELL, WILLIAM H
2825 LEWIS SPEEDWAY STE 104
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ASHDJI, FARID	
Address:	45 ANASTASIA LAKES DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	MGR	( ) Delete
Name:	KHADIJA, ELAMRI	
Address:	2141 LYMINGTON WAY	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	FERRO, IRENE	
Address:	262 HERMOSA CT.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	MGR	( ) Delete
Name:	SHAFI, SHERIF	
Address:	1107 SCUBA CT	
City-St-Zip:	ORLANDO, FL 32828	
Title:	MGR	( ) Delete
Name:	FERRO, FRANK	
Address:	262 HERMOSA CT	
City-St-Zip:	ST AUGUSTINE, FL 32086	
Title:	MGR	( ) Delete
Name:	DASILVA, JUDITH A	
Address:	2 RISING MOON TRAIL	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FARID ASHDJI MGR 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date