


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000068022 1. Entity Name ADIRONDACK MOBILE HOME PARK, LLC	
---	---

Principal Place of Business 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311	Mailing Address 2121 N.W. 29TH COURT FORT LAUDERDALE, FL 33311
--	--

DO NOT WRITE IN THIS SPACE



04012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1602164	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**

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 re-stating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L TRUSTEE 370 E. MAPLE ROAD, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000303166
04/13/05-80102-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

APR 12 2005

Date Daytime Phone #