

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90253 020 \*\*\*\*50.00

**DOCUMENT # L06000004860**

1. Entity Name  
**BRIARWOOD MOBILE HOME PARK LLC**



Principal Place of Business

**8406 NEW KING ROAD  
JACKSONVILLE, FL 32219**

Mailing Address

**2200 N PONCE DE LEON BLVD  
SUITE 10  
ST AUGUSTINE, FL 32086**

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

04072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-4101722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNELL, WILLIAM H  
2200 N PONCE DE LEON BLVD  
SUITE 10  
ST AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
ASHDJI, FARID  
45 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☒ Change ☐ Addition

**45 Anastasia Lakes Dr.**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☒ Addition

**mgrm  
Ferro, Frank  
262 Hermosa Ct.  
St. Augustine, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☒ Addition

**mgrm  
Ferro, Irene  
262 Hermosa Ct.  
St. Augustine, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☒ Addition

**mgrm  
Tawill, Lillian  
1421 Suzanne Way  
Longwood, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☒ Addition

**mgrm  
Shafi, Hani  
803.5 North Alexandria  
Los Angeles, CA 90029**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☒ Addition

**mgrm  
Whiteman, John  
32 Ocean Woods Dr.  
St. Augustine, FL 32080**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 106, 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

Date

Daytime Phone #

**4/30/07**

# ATTACHMENT

60047881

#L06 000004860

| 10. OFFICERS AND DIRECTORS                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>mgrm<br>Da Sylva, Judith A.<br>2 Rising Moon Trail<br>Ormond Beach, FL 32174 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |