

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 016 ***138.75

| | | | | | |
|--|---|--|---|---|---|
| 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 2825 Lewis Speedway | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 104 | | | |
| City & State | | City & State St. Augustine, FL | | 4. FEI Number 20-4101722 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32084 | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 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) 2825 Lewis Speedway Suite 104 City St. Augustine, FL | | |
| Zip Code 32084 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State. | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ASHDJI, FARID 45 ANASTASIA LAKES DR SAINT AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FERRO, FRANK 262 HERMOSA CT SAINT AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FERRO, IRENE 262 HERMOSA CT SAINT AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TAWILL, LILLIAN 1421 SUZANNE WAY LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAFI, HANI 8035 NORTH ALEXANDRIA LOS ANGELES, CA 90029 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WHITEMAN, JOHN 32 OCEAN WOODS DR SAINT AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> _____ <small>Daytime Phone #</small> _____ | | | | | |

60038520

