

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90048 013 \*\*\*138.75

60030338



|  |  |                     |   |  |  |
|--|--|---------------------|---|--|--|
| <b>DOCUMENT # L06000042242</b><br>1. Entity Name<br><b>BEL-AIR MOBILE HOME AND RENTAL PARK, LLC</b>  |  |                     |   |  |  |
| Principal Place of Business<br><b>2109 NE 67 ST<br/>FORT LAUDERDALE, FL 33308</b>  |  |                     | Mailing Address<br><b>6278 N. FEDERAL HIGHWAY<br/>PKB 328<br/>FORT LAUDERDALE, FL 33308</b> |  |  |
| 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   |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>COSCULLELA &amp; MARZANO, P.A.</b><br><b>14211 COMMERCE WAY #300</b><br><b>MIAMI LAKES, FL 33016</b>  |  |                     |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                          |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>BROEMAN, CHRIS</b><br><b>2109 NE 67 ST</b><br><b>FORT LAUDERDALE, FL 33308</b> <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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| 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. |  |                     |   |  |  |
| <b>SIGNATURE:</b>  |  |                     | <b>4-26-08</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                     | <small>Date Daytime Phone #</small>   |  |  |