## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L06000073514

Entity Name

BRENTWOOD MOBILE HOME PARK, LLC



Principal Place of Business C/O MARITTA J. SCHIROW 31 N. BRENTWOOD CIRCLE AVON PARK, FL 33825 Mailing Address

C/O MARITTA J. SCHIROW 31 N. BRENTWOOD CIRCLE AVON PARK, FL 33825

## FILED Feb 07, 2008 8:00 am Secretary of State

02-07-2008 90089 013 \*\*\*138.75

~~~**~~~~** 



01292008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

| 4. FEI Number                    | Applied For                       | - |
|----------------------------------|-----------------------------------|---|
| NOT APPLICABLE                   | Not Applicab                      | ١ |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required | _ |

6. Name and Address of Current Registered Agent

SCHIROW, MARITTA' J 31 N. BRENTWOOD CIRCLE AVON PARK, FL 33825

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol><li>The above the obligat</li></ol>  | named entity submits this statement for the purpose of chanions of registered agent.                                                                                                    | nging its registered office or  | r registered age     | ent, or both, in the St                                                                                        | ate of Florida. I am familiar wi                              | th, and accept                 |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|
| SIGNATURE.                               |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               |                                |
| 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | Signature, typed or printed name of registered agent and title if applicable.                                                                                                           | (NOTE: Registered Agent signatu | ure required when re | DATE                                                                                                           | DATE                                                          |                                |
|                                          | NOW!!! FEE IS \$138.75<br>/ 1, 2008 Fee will be \$538.75                                                                                                                                |                                 |                      |                                                                                                                |                                                               |                                |
| 9.                                       | MANAGING MEMBERS/MANAGERS                                                                                                                                                               |                                 |                      | 1                                                                                                              |                                                               |                                |
| TITLE                                    | MGRM                                                                                                                                                                                    |                                 |                      | I                                                                                                              |                                                               |                                |
| NAME                                     | SCHIROW, MARITTA                                                                                                                                                                        |                                 |                      | -                                                                                                              | •                                                             |                                |
| STREET ADDRESS                           | 31 N. BRENTWOOD CIRCLE                                                                                                                                                                  |                                 |                      |                                                                                                                |                                                               |                                |
| CITY - ST - ZIP                          | AVON PARK, FL 33825                                                                                                                                                                     |                                 |                      | ;                                                                                                              |                                                               |                                |
| TITLE                                    |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               |                                |
| NAME                                     |                                                                                                                                                                                         |                                 | ,                    | ·                                                                                                              |                                                               |                                |
| STREET ADDRESS                           |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               |                                |
| C/TY-ST-ZIP                              |                                                                                                                                                                                         |                                 | ;                    | !                                                                                                              |                                                               |                                |
| TITLE                                    |                                                                                                                                                                                         |                                 | Lagra In and         | يتامينين المراد الم |                                                               | tuata ti 📖 🕹                   |
| NAME                                     |                                                                                                                                                                                         | *                               | 1                    |                                                                                                                |                                                               |                                |
| STREET ADDRESS                           |                                                                                                                                                                                         |                                 | ,                    | DO NOT                                                                                                         | LWDITE                                                        |                                |
| CITY-ST-ZIP                              |                                                                                                                                                                                         |                                 | į                    | DO NO                                                                                                          | WRITE                                                         |                                |
| TITLE                                    |                                                                                                                                                                                         |                                 | ,                    | IN THIS                                                                                                        | SPACE                                                         |                                |
| NAME                                     |                                                                                                                                                                                         |                                 | j                    | IIA I LIIO                                                                                                     | SPACE                                                         |                                |
| STREET ADDRESS                           |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               |                                |
| CITY-ST-ZIP                              |                                                                                                                                                                                         |                                 | ·                    |                                                                                                                |                                                               |                                |
| TITLE                                    |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               |                                |
| NAME                                     |                                                                                                                                                                                         | ,                               |                      |                                                                                                                |                                                               |                                |
| STREET ADDRESS                           | •                                                                                                                                                                                       |                                 | والمراجع والأراث     |                                                                                                                |                                                               |                                |
| CITY - ST - ZIP                          |                                                                                                                                                                                         |                                 |                      |                                                                                                                | * \$1                                                         |                                |
| TITLE                                    | •                                                                                                                                                                                       | 2                               |                      |                                                                                                                |                                                               |                                |
| NAME                                     |                                                                                                                                                                                         | r 👯 🔒                           |                      |                                                                                                                |                                                               | ·                              |
| STREET ADDRESS                           |                                                                                                                                                                                         |                                 |                      |                                                                                                                |                                                               | · ·                            |
| CITY-ST-ZIP                              |                                                                                                                                                                                         |                                 |                      | *                                                                                                              | - 1                                                           | •                              |
| MINICATED                                | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shallity company or the receiver or trustee empowered to exer | iali nave the same legal et     | anem 11 ze toet      | a Linder nath: that I a                                                                                        | statutes. I further certify that thim a managing member or ma | e information<br>anager of the |