

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State


04-18-2008 90156 045 ***138.75

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| DOCUMENT # L06000112923 |  |
| 1. Entity Name BROADVIEW MOBILE HOME PARK, LLC | |

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|---|---|
| Principal Place of Business 140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK, FL 32789 | Mailing Address 140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK, FL 32789 |
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| 2. Principal Place of Business - No P.O. Box # 140 North Orlando Ave. | 3. Mailing Address 140 North Orlando Ave. |
| Suite, Apt. #, etc. 250 | Suite, Apt. #, etc. 250 |
| City & State Winter Park, FL | City & State Winter Park |
| Zip FL 32789 | Country Orange |

00001000



04162008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5937401 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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|---|---|
| 6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

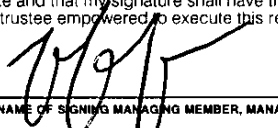
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARBER, LAMONT 140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARBER, LAMONT 140 North Orlando Ave Suite 250 Winter Park FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARBER, WAYNE 140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARBER, WAYNE 140 N. Orlando Ave Suite 250 Winter Park FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  **4/16/08 9077408773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #