

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90019 024 ****50.00

DOCUMENT # L94000000467					
1. Entity Name SHELDON MOBILE HOME PARK, LLC					
Principal Place of Business 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312			Mailing Address 370 EAST MAPLE RD., 3RD FL BIRMINGHAM, MI 48009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02282005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0571417				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, ROBERT S 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312			Name RIVERSTONE COMMUNITIES Street Address (P.O. Box Number is Not Acceptable) 2121 N.W. 29TH COURT City FT. LAUDERDALE FL Zip Code 33311		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ROBERT S 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L. 370 E. MAPLE, 3RD FLOOR BIRMINGHAM, MI 48009	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINSON, JAMES L. 370 E. MAPLE, 3RD FLOOR BIRMINGHAM, MI 48009	☐ Change ☒ Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____				APR 12 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	