


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 034 ****50.00

DOCUMENT # L97000000007		
1. Entity Name BUIKEMA MOBILE HOME VENTURE, LIMITED COMPANY		

Principal Place of Business 3801 BEE RIDGE ROAD SUITE 12 SARASOTA, FL 34233	Mailing Address 3801 BEE RIDGE ROAD SUITE 12 SARASOTA, FL 34233
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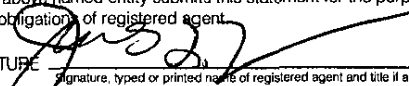
2. Principal Place of Business 5310 - 14th Street W.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State	
Zip 34207	Country Manatee	Zip	Country

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0726217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWBY, TIMOTHY W 3801 BEE RIDGE ROAD SUITE 12 SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Jim Turner@ Williams Parker Street Address (P.O. Box Number is Not Acceptable) 200 South Orange Ave. City Sarasota FL Zip Code 34236	
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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 obligation of registered agent.

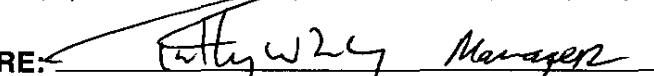
SIGNATURE  DATE **4/21/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	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 BUIKEMA, C. JAY 1030 NORTH WASHINGTON STREET NAPERVILLE, IL 60563 <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 BUIKEMA, DOROTHY 1030 NORTH WASHINGTON STREET NAPERVILLE, IL 60563 <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	<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	<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 exemption stated in Section 119.07(3)(i), 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:  **Manager** **941-923-1456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #