

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**

24056067



2. Principal Place of Business
5310 - 14th Street W.

3. Mailing Address
 Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State
Bradenton, FL

City & State
 City & State

Zip
34207 Country
Manatee

Zip Country

4. FEI Number
65-0726217

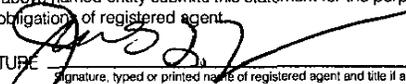
Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

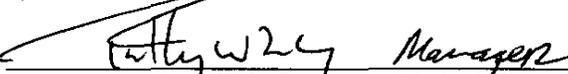
9. MANAGING MEMBERS/MANAGERS

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	MGRM BUIKEMA, DOROTHY 1030 NORTH WASHINGTON STREET NAPERVILLE, IL 60563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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** DATE **4/22/04** 941-923-1456 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE