

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 036 ****50.00

DOCUMENT # L99000003360

1. Entity Name
ORANGE GROVE MOBILE HOME PARK, LLC



Principal Place of Business
**2600 6TH AVENUE
LAKE WORTH, FL 33461**

Mailing Address
**370 EAST MAPLE RD., 3RD FLOOR
BIRMINGHAM, MI 48009**



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0930581

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIVERSTONE COMMUNITIES
2121 N W 29TH COURT
FORT LAUDERDALE, FL 33311**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELLINSON, JAMES L
STREET ADDRESS	370 E MAPLE, 3RD FLOOR
CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	MGRM
NAME	PETERSON, DOUGLAS
STREET ADDRESS	19000 SW 54TH PLACE
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #