


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90035 038 \*\*\*\*50.00

<b>DOCUMENT # M01000001568</b>					
<b>1. Entity Name</b> PARKWOOD MOBILEHOME PARK, LLC					
<b>Principal Place of Business</b> 646 A STREET SUITE 101 SAN DIEGO, CA 92101			<b>Mailing Address</b> 7181 ENCELIA DR LA JOLLA, CA 92037		
<b>2. Principal Place of Business</b> 7181 ENCELIA DR		<b>3. Mailing Address</b> 7181 ENCELIA DR			
Suite, Apt. #, etc. #		Suite, Apt. #, etc.			
City & State LA JOLLA, CA		City & State LA JOLLA, CA			
Zip 92037		Country USA		Zip 92037	
Country USA		4. FEI Number 94-3400885			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  BELANICH, JOHN A 4000 NOVA RD PORT ORANGE, FL 32127			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, JOHN A 646 A STREET, SUITE 101 SAN DIEGO, CA 92101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7181 ENCELIA DR LA JOLLA, CA 92037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, RAFFAELLA 646 A STREET, SUITE 101 SAN DIEGO, CA 92101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7181 ENCELIA DR LA JOLLA, CA 92037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, MICHAEL 646 A STREET, SUITE 101 SAN DIEGO, CA 92101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7181 ENCELIA DR LA JOLLA, CA 92037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John A. Belanich</u>			<b>8.28.06 858-752-8057</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

40102563



08222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3400885 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELANICH, JOHN A	
STREET ADDRESS	646 A STREET, SUITE 101	
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELANICH, RAFFAELLA	
STREET ADDRESS	646 A STREET, SUITE 101	
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELANICH, MICHAEL	
STREET ADDRESS	646 A STREET, SUITE 101	
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	7181 ENCELIA DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA JOLLA, CA 92037	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	7181 ENCELIA DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA JOLLA, CA 92037	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	7181 ENCELIA DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA JOLLA, CA 92037	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** John A. Belanich

**8.28.06 858-752-8057**

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

Date Daytime Phone #