

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 008 ****55.00

DOCUMENT # M01000001568

1. Entity Name
 PARKWOOD MOBILEHOME PARK, LLC



Principal Place of Business 7181 ENCELIA DR LA JOLLA, CA 92037	Mailing Address 7181 ENCELIA DR LA JOLLA, CA 92037
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20005643

DO NOT WRITE IN THIS SPACE

02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3400885	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELANICH, JOHN A
 4000 NOVA RD
 PORT ORANGE, FL 32127

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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 obligations of registered agent.

SIGNATURE: John A. Belanich MGRM DATE: 2-24-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

50⁰⁰ + 5⁰⁰

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, JOHN A 7181 ENCELLA DR LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, RAFFAELLA 7181 ENCELIA DR LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANICH, MICHAEL 7181 ENCELIA DR. LA JOLLA, CA 92037
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Date: 2-24-07 Daytime Phone #: 858-752-8057

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