

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

08-29-2008 90065 001 \*\*\*138.75  
 08-29-2008 90065 002 \*\*\*\*\*5.00  
 M01000001568

**DOCUMENT # M01000001568**  
 1. Entity Name  
**PARKWOOD MOBILEHOME PARK, LLC**



SEP 11 AM 10:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**30011083**

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



08252008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-3400885</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
 BELANICH, JOHN A  
 4000 NOVA RD  
 PORT ORANGE, FL 32127

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
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: John A. Belanich **MANAGING MEMBER**      8-25-08      858-752-8057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #