

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0024282 MB

1082

DOCUMENT # M01000001568



1. Entity Name
PARKWOOD MOBILEHOME PARK, LLC

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
646 A STREET
SUITE 101
SAN DIEGO CA 92101

Mailing Address
~~646 A STREET~~
~~SUITE 101~~
~~SAN DIEGO CA 92101~~

CHANGE TO

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7181 ENCELIA DR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LA JOLLA, CA.

4. FEI Number 94-3400885
Applied For
Not Applicable

Zip Country
92037 SAN DIEGO

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

6. Name and Address of Current Registered Agent
BELANICH, JOHN A
4000 NOVA RD
PORT ORANGE FL 32127

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

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 JOHN A BELANICH 10/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

\$0.00 FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELANICH BELANICH, JOHN A 646 'A' STREET, SUITE 101 SAN DIEGO CA 92101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELANICH BELANICH, RAFFAELLA 646 'A' STREET, SUITE 101 SAN DIEGO CA 92101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELANICH, MICHAEL 646 'A' ST. # 101 SAN DIEGO, CA 92101	<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	MGR BELANICH, JOHN A 646 'A' STREET SUITE 101 SAN DIEGO, CA, 92101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SPELLING CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, BELANICH, RAFFAELLA 646 'A' STREET, SUITE 101 SAN DIEGO, CA, 92101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SPELLING CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, BELANICH, MICHAEL 646 'A' STREET, SUITE 101 SAN DIEGO, CA 92101	<input type="checkbox"/> Change <input checked="" 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
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: John A. Belanich SIGNATURE REQUIRED 10/30/03 858.456.7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)

REINSTATEMENT

JOHN A. BELANICH
Real Estate Investments

646 'A' Street, Suite 101, San Diego, CA 92101

(619) 233-1903

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10-30-03

DIVISION OF CORPORATIONS
P.O. BOX 6478
TALLAHASSEE, FL 32314-6478

RE: 2003 LLC UBR Doc # MC1000001568

GENTLEMEN :

TODAY, PER PHONE CALL INSTRUCTIONS FROM THE
REGISTRATION SECTION (TEL 850-245-6051), PLEASE NOTE
UBR FORM WAS NEVER RECEIVED AT THE ENCEDIA DRIVE
MAILING ADDRESS IN JULY, AND OBTAINED ONLY TODAY.

FILING FEE CHECK # 1677 \$50.00 IS ENCLOSED, AS
INSTRUCTED.

THANK YOU,

John A. Belanich MANAGER