


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002507 1. Entity Name MANUFACTURED HOME SERVICES, LLC	
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Principal Place of Business 515 N.W. SALTZMAN RD., #757 PORTLAND, OR 97229	Mailing Address 515 N.W. SALTZMAN RD., #757 PORTLAND, OR 97229
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DO NOT WRITE IN THIS SPACE



01122004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 93-1293811	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PICCHETTI, ERIC 3109 GRAND AVENUE #477 COCONUT GROVE, FL 33133
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEIZER, JOSEPH 515 N.W. SALTZMAN RD #757 PORTLAND, OR 97229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICCHETTI, ERIC 3109 GRAND AVENUE E477 COCONUT GROVE, FL 33133
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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 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: Joseph R. Keizer 1/14/04 503-292-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #