2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000003013

1. Entity Name
SUN COAST GATEWAY MOBILE HOME PARK, LLC

Principal Place of Business	Mailing Address
6010 RIDGE RD PORT RICHEY, FL 34668	6010 RIDGE RD PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
31-1188934
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WENDIE
6010 RIDGE RD
PORT RICHEY, FL 34668

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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 _____ 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
After May 1, 2008 Fee will be $538.75

U00000803120
02/05/08-80013-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REID, HUGH
STREET ADDRESS	6010 RIDGE RD
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	MGRM
NAME	REID, MARGARET
STREET ADDRESS	6010 RIDGE RD
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: M. Rubenstein Michael Rubenstein, CPA 1/24/08 239-489-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #