

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001345

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: HOLIDAY MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

1201 S. FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

2121 N.W. 29TH CT., UNIT C-1  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

370 EAST MAPLE RD., 3RD FLOOR  
BIRMINGHAM, MI 48009

**New Mailing Address:**

370 EAST MAPLE RD.  
3RD FLOOR  
BIRMINGHAM, MI 48009

FEI Number: 52-2131273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERSTONE COMMUNITIES  
2121 NW 29TH COURT  
FORT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BELLINSON, JAMES L  
Address: 370 E. MAPLE RD 3RD FLOOR  
City-St-Zip: BIRMINGHAM, MI 48009

Title: MGRM ( ) Delete  
Name: PETERSON, DOUGLAS  
Address: 19000 SW 54TH PLACE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L. BELLINSON

MGRM

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date