

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 AM 11:04

with
4/1

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** Z00068

SUNRISE VILLAGE MOBILE HOME PARK, L.C.
~~14500 S.W. 280TH STREET~~
~~HOMESTEAD FL 33032~~

1a. Principal Place of Business Address

14500 S.W. 280TH STREET
HOMESTEAD FL 33032

2. Principal Place of Business

2a. Mailing Address

554 NE 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLORIDA CITY FL

Zip

Country

Zip

Country

33034

DADE

3. Date Organized or Qualified

3a. State of Formation

12/22/1988

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0087716

5. Date of Last Report

6. Certificate of Status Desired

02/14/1997

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

RIFF, MELVYN D

~~34850 S.W. 187 AVENUE~~
~~HOMESTEAD FL 33034~~

Name

Street Address (P.O. Box Number is Not Acceptable)

554 NE 1ST AVENUE

Suite, Apt. #, etc.

City

FLORIDA CITY FL

Zip Code

33034

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RIFF, MELVYN D	554 NE 1ST AVENUE 34850 S.W. 187 AVE.	FLORIDA CITY HOMESTEAD FL 33034
MGRM	RIFF, SUE D	34850 S.W. 187 AVE. 554 NE 1ST AVENUE	HOMESTEAD FL 33034 FLORIDA CITY

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Melvyn D. Riff MELVYN D. RIFF 3/27/98 305-247-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #