


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

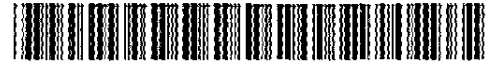
DOCUMENT # L01000009782
 1. Entity Name
M.H., L.L.C.



Principal Place of Business
**PO BOX 180357
 BROKLYN, NY 11218**

Mailing Address
**PO BOX 180357
 BROKLYN, NY 11218**

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1112532

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, MICHAEL I ESQ
 1680 MICHIGAN AVE. SUITE 736
 MIAMI BEACH, FL 33139**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAWSON, M PO BOX 180357 BROOKLYN, NY 11218
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 05/13/06-80002-020 50.00

**DO NOT WRITE
 IN THIS SPACE**

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. Shawson M. Hargov 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #