2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L02000034301 1. Entity Name						<i>1</i> 9	; ;	, s , S
MH LLC					03-17-2	004 90279 (003 ****50.00)
			1		04 MAR 26 P			
Principal Place	e of Business	Mailing Address	 -		SECNEIMRY	ji Simil	h	
8370 WEST MIAMI FL 33	FLAGER STREET, SUITE 248	8370 WEST FLAGER S MIAMI FL 33144-2094	TREET, SUITE 2	248	TALLAHASSE	I. FLUNIU	19 	
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2. Principal P	lace of Business	3. Mailing Address						
731 C Suite, Apt.	RANDON BLVD.	731 CRANDON BLUD. Suite, Apt. #, etc.			L CENTITUTI OF STATE) 88111 69 41 6811 8818	T (NN) BIBB al izhi e taibi rig	1891 III 1881
PHZ	#, etc.	ρ _H 7			MOORE	: CR2i	E083 (11/03).	
City & State	Biscayna FL	City & State Key Birch		=	4. FEI Number 75-30	99443	<u> </u>	oplied For of Applica
Zip	Country	Zip	Country	<u> </u>	5. Certificate of Status D	esired 🖂	\$5.00 Add	ditional
33140	6. Name and Address of Current	Registered Agent			7. Name and Address of		red Agent	<u> </u>
· 			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
	•							
				City FL Zip Code				
	named entity submits this statement for ions of registered agent	or the purpose of changing its	registered office	or register	ed agent, or both, in the St	ate of Florida. I	am familiar with,	and acci
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Regislared Agent sign	ature required	when reinstating)		ATE	
		FILE NO	OWIII FEE IS	\$50.00			,	
	n em la come en la companya de la c	Make Check Payab	le to Florida D e By May 1, 20	1. Sec. 2. 12. 12.	nt of State			-
9.	MANAGING MEMBI		10.	T		DITIONS/CHAN		
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STREET ADDRESS CITY-ST-ZIP	8370 W FLAGLER ST., #248	•	STREET ADDRESS	731	CRANDON BLUD.	PHF		•
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	5				
11. I hereby	Certify that the information supplied wit	h this filing does not qualify to	r the exemption s	tated in Se	ection 119.07(3ki). Florida	Statutes. I furthe	r certify that the i	nformatio
Indicated	on this report is true and accurate and bility company or the receiver or truste	auca ileas arrisancis um teat r	the come lenging	fort oe it r	nada undar aath- that I am	a managing m	ember or manage	of the

305 361 199 Daytone Phone #

03/15/2004