


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000019076 1. Entity Name MHO, LLC	
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Principal Place of Business 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634-6329	Mailing Address 3 EASTON OVAL SUITE 500 COLUMBUS, OH 43219
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04142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1210837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, THOMAS J 3 EASTON OVAL SUITE 500 COLUMBUS, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, WILLIAM A 3 EASTON OVAL SUITE 500 COLUMBUS, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIKORSKI, FRED 4904 EISENHOWER BLVD SUITE 150 TAMPA, FL 33634
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05/06/06-80023-012 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: William A. Roberts William A. Roberts, Treas 04-18-06 614-418-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #