*2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2008** Jan 22, 2008 08:00 A Secretary of State DOCUMENT # A25931 1. Entity Name MVMH PARK, LTD. Principal Place of Business Mailing Address 201 CAPE AVENUE 201 CAPE AVENUE COCOA, FL 32926 COCOA, FL 32926 01102008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0025262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILLICHIO, BENEDICT J. DO NOT WRITE 201 CAPE AVENUE COCOA, FL 32926 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, typed or printed harne of registered agent and title if applicable, DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION L02000030372 DOCUMENT # NAME MVMH OF COCOA, LLC 201 CAPE AVENUE STREET ADDRESS U00000790913 CATY-ST-ZIP COCOA, FL 32926 01/23/08-80053-007 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. 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 General Partner of the limited partnership mature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership as required by Chapter 620, Florida Statutes or the receiver or trustee employered to execu

SIGNATUR

STREET ADDRESS CITY-ST-ZIP

321-636-6061