2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A98000001582 M & H HOMESTEAD, LTD. Principal Place of Business Mailing Address C/O MICHAEL LATTERNER C/O MICHAEL LATTERNER 13 S.W. 7TH STREET 13 S.W. 77H STREET MIAMI, FL 33130 MIAMI, FL 33130





01072008 No Chg-LP

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4. FEI Number Applied For 65-0863420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

CR2E003 (12/06)

Name and Address of Current Registered Agent

LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130

the obligations of registered agent,

DO NOT WRITE IN THIS SPACE

| SIGNATURE | Signature, typed or printed name 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 ENT NOTE: General Partners MAY NOT be changed on the | ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. | | | | | | | |
| 12. | GENERAL PARTNER INFORMATION | the state of the s | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130 | | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | 05/27/08-80036-015 500 00 | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS | | | | | | | | | |

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

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNING GENERAL PARTNER