


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jun 21, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000009194 1. Entity Name MHG FORT PIERCE, LLC	
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Principal Place of Business 114 ANNAPOLIS ST. ANNAPOLIS, MD 21401	Mailing Address 114 ANNAPOLIS ST. ANNAPOLIS, MD 21401
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06152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2566517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBSON, ANDREW M 712 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURRUSS, WILLIAM F JR 114 ANNAPOLIS ST ANNAPOLIS, MD 21401
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/15/04

401-886-4484

Date

Daytime Phone #