

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015760

Entity Name: MHA HOLDINGS, L.L.C.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

2081 SE OCEAN BLVD., 4TH FLOOR
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2081 SE OCEAN BLVD., 4TH FLOOR
STUART, FL 34996

New Mailing Address:

FEI Number: 32-0020074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, MERRILL H
2081 SE OCEAN BLVD., 4TH FLOOR
STUART, FL 34996

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARMSTRONG, MERRILL H
Address: 2081 EAST OCEAN BLVD 4TH FLOOR
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: ARMSTRONG, DAVID M
Address: 2081 EAST OCEAN BLVD 4TH FLOOR
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: GIBSON, STEPHEN P
Address: 2081 EAST OCEAN BLVD 4TH FLOOR
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MERRILL H. ARMSTRONG

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date