2004 LIMITED LIABILITY COMPANY

Mar.24, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L02000024369** MHB ENTERPRISES, LLC Principal Place of Business Mailing Address 1254 N. ATLANTIC AVE. 1254 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3631 DAYTONA BEACH, FL 32118-3631 01192004 No Chg-LLC CR2F083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2073833 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BISER, HARRY DO NOT WRITE 1254 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3631 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 coligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 U000000095615 03/24/04-80040-017 50.00 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE BISER, HARRY NAME STREET ADDRESS 1254 N. ATLANTIC AVE. CITY-ST-ZIP DAYTONA BEACH, FL 321183631 TITLE NAME STREET ADDRESS CITY-ST-ZW NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/2 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY - 57 - 732

FILED

11. I hereby certify that the information supplied with this filling does not qualify 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 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 empowerer to execute this report as required by Chapter 608, Florida Statutes.

Date

Davime Phone #

HINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: