

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034568

Entity Name: MHLP, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

601 BISCAYNE BLVD.
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

601 BISCAYNE BLVD.
MIAMI, FL 33132

New Mailing Address:

FEI Number: 83-0345705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD.
43RD FLOOR
MIAMI, FL 33131 US

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/MANAGERS:

Title: MGR () Delete
Name: SCHULMAN, SAMUEL D CFO
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: MGR (X) Delete
Name: WOOLWORTH, ERIC S
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: MGR (X) Delete
Name: LIBMAN, RAQUEL
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIAMI HEAT LIMITED P, ARTNERSHIP
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

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 Chapter 119, 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: SAMUEL D. SCHULMAN

VP

04/18/2007

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