

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007923

Entity Name: MTH ASSOCIATES, LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

2A FOXHILL ROAD
CALIFON, NJ 07830

New Principal Place of Business:

750 LAUREL ROAD
NOKOMIS, FL 34274

Current Mailing Address:

2A FOXHILL ROAD
CALIFON, NJ 07830

New Mailing Address:

30 DAISY COURT
WHITEHOUSE STATION, NJ 08889

FEI Number: 65-1175789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORZILIUS, ERIK V
2100 TAMIAMI TRAIL S
SUITE C
VENICE, FL 34293 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: MGRM () Delete
Name: TOMS, NICHOLAS
Address: 154 WAVERLY PLACE
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: HILDEBRANDT, WILLIAM
Address: 2A FOXHILL ROAD
City-St-Zip: CALIFON, NJ 07830

Title: MGRM () Delete
Name: MANSELL, ROBERT
Address: 403 BIRCH AVENUE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HILDEBRANDT, WILLIAM
Address: 30 DAISY COURT
City-St-Zip: WHITEHOUSE STATION, NJ 08889

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM HILDEBRANDT

MM

02/22/2008

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