2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-15-2004 90430 049 ****50.00
L03000008225

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 20 AM 10: 19 LR 09/20/04

DOCUMENT # L03000008225

1. Entity Name
CASA DEL REY MHP LLC

Principal Place of Business	Mailing Address
503 BLUEBERRY DR. EUSTIS, FL 32726	503 BLUEBERRY DR. EUSTIS, FL 32726

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHAFFER, MICHAEL 503 BLUEBERRY DR. EUSTIS, FL 32726	Name: MEB REAL ESTATE MGNT. INC. Street Address (P.O. Box Number is Not Acceptable): 6050 34th ST. W. #906 City: BRADENTON FL Zip Code: 34210

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] 3/12/04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARK BUTLER 6050 34th ST W #906 BRADENTIN FL 34210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3-11-04 941-755-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #