

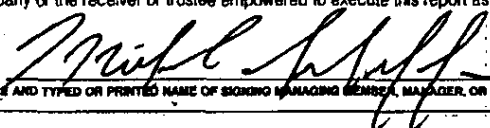
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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09/20/04

DOCUMENT # L03000008225					
1. Entity Name CASA DEL REY MHP LLC					
Principal Place of Business 503 BLUEBERRY DR. EUSTIS, FL 32726			Mailing Address 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	4. FEI Number	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAFER, MICHAEL 503 BLUEBERRY DR. EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name MEB REAL ESTATE MGMT. 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  DATE 3/12/04 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$60.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MEM NAME STREET ADDRESS CITY-ST-ZIP	MARK BUTLER 6050 34th ST W #906 BRADENTON FL 34210		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			Date 3-11-04 Daytime Phone # 941-755-1917		