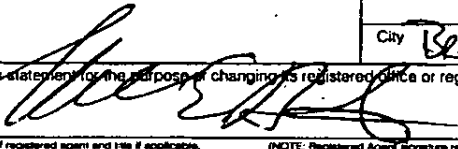
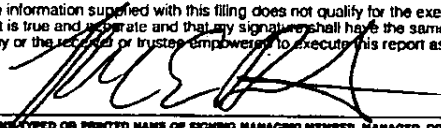


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

04-05-2005 90007 002 ****50.00

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 01-0769933 APPLIED FOR	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAFFER, MICHAEL - 503 BLUEBERRY DR. EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name MARK E. BUTLER Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST. W. SUITE E-4 City BRADENTON FL Zip Code 34205		
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 3/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUTLER, MARK 6886 34TH ST W 9998 BRADENTON, FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCHAFFER, MICHAEL 4301 32ND ST. W. SUITE E-4 BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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	
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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DATE 3/5/05 941-782-1370 Daytime Phone #		