2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED May 02, 2006 08:00 Al DOCUMENT # L03000008225 Secretary of State 1. Entity Name CASA DEL REY MHP LLC Mailing Address Principal Place of Business 503 BLUEBERRY DR. 503 BLUEBERRY DR. EUSTIS, FL 32726 EUSTIS, FL 32726 CR2E083 (11/05) 04112006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0769933 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUTLER, MARK E DO NOT WRITE 4301 32ND ST W STE E-4 IN THIS SPACE BRADENTON, FL 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. 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME SCHAFFER, MICHAEL 4301 32ND ST W STE D-4 STREET ADDRESS U00000559270 05/17/06-80130-012 50.00 CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

11.	I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
	inclicated on this report is true an 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
	firnited liability company or the receiver or trustee employment to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/06 941-756-1800 Date Daytime Phone 4