

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019076

Entity Name: MHO, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4343 ANCHOR PLAZA PARKWAY SUITE 200
TAMPA, FL 336346329

New Principal Place of Business:

Current Mailing Address:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 31-1210837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: MASON, J. THOMAS
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: T () Delete
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: S () Delete
Name: SIKORSKI, FRED
Address: 4343 ANCHOR PLAZA PARKWAY, STE 200
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

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

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

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 A. ROBERTS

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04/23/2009

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