


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90192 039 ****50.00

DOCUMENT # L03000028009		
1. Entity Name MUDHEN HOLDINGS, LLC		

Principal Place of Business 13555 AUTOMOBILE BLVD., SUITE 540 CLEARWATER, FL 33762	Mailing Address 13555 AUTOMOBILE BLVD., SUITE 540 CLEARWATER, FL 33762
--	--

20007571

2. Principal Place of Business 6344 Roosevelt Blvd Suite, Apt. #, etc.	3. Mailing Address 6344 Roosevelt Blvd Suite, Apt. #, etc.
--	--

City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 33760	Country USA	Zip 33760	Country USA

01302006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent HADDAD, ROYCE C JR. 6344 ROOSEVELT BOULEVARD CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Royce C Haddad JR. Street Address (P.O. Box Number is Not Acceptable) 6344 Roosevelt Blvd City Clearwater FL Zip Code 33760	
--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HADDAD, ROYCE C JR 13555 AUTOMOBILE BLVD., STE 540 CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/2006 727-299-0449

Date

Daytime Phone #