2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2004
Secretary of State

DOCUMENT# L03000029936

Entity Name: FLORANDA MHP, LLC

Current Principal Place of Business:

4400 N. FEDERAL HWY, STE 70
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4400 N. FEDERAL HWY, STE 70
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0274643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINER & ARONSON, P.A.
C/O MICHAEL S. WEINER
102 NORTH SWINTON AVE.
DELRAY BEACH, FL 33444 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DEMISA, FRANK	
Address:	4400 N. FEDERAL HWY, STE 70	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	BIGGS, DAVID	
Address:	4400 N. FEDERAL HWY, STE 70	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	DIMISA, JON-PETER	
Address:	4400 N. FEDERAL HWY, STE 70	
City-St-Zip:	BOCA RATON, FL 33431	

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 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 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: FRANK M. DIMISA MGRM 04/11/2004

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