2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 17, 2005. 08:00 AM Secretary of State

	AN	NUAL RE	PORT			7, 2003. 00:00 F
DOCU	MENT # L030	00052959			Sec	cretary of State
1. Entity Nan	m e	م م م	' =			•
ELMWO	OD MHP, LLC					
}			and the second	1100		
Principal Plac	ce of Business	- Mailin	g Address	·		
5142 EPPING LANE 5142 EPPING LANE						
ZEPHYRHILL 	LS, FL 33541	ZEPI	HYRHILLS, FL 33541			
 			Francisco de Constantino	<u> </u>		
	,			· ,	.	, MAJAS 113504 3111511 (MEM) 435511 (MEM)
	to appears of the second		* * * * * * * * * * * * * * * * * * *		02122005 No Chg-LLC	CR2E083 (10/03)
	W TON OC	RITE IN	THIS SPA	CE	4. FEi Number	Applied For
					52-2420882	Not Applicable
		The second secon			5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address	of Current Registers	ed Agent	314 SASS 1 1985 B		ree negated
		-				
TYLER, LANNY W 5142 EPPING LANE			·· - ··	- DO NOT W	RITE	
ZEPHYRHILLS, FL 33541				-	IN THIS SP	ACE
	•				114 11110 06	MUL
			the second secon			A CONTRACTOR OF THE STATE OF TH
8. The above the obligation	a named entity submits this tions of registered agent.	statement for the purp	ose of changing its register	ed office or register	ed agent, or both, in the State of Flo.	rida. I am familiar with, and accept
			ent to the contract of the con		* * * * * * * * * * * * * * * * * * *	
SIGNATURE.	Signature, typed or printed name of	registered agent and title if app	olicable. (NOTE Registera	d Agent signature required	when reinstating)	DATE
	W F :- #F0 00			· · · · · · · · · · · · · · · · · · ·		
D	iling Fee is \$50.00 ue by May 1, 2005				·	
9.	MANNAC	ING MEMBERS/MANA	A CICIDO	<u> </u>		
TITLE	MGR	ING MEMBERS/MAIN	AGERS			
NAME	TYLER, LANNY W					
STREET ADDRESS	5142 EPPING LANE	75 44				DIACA
CITY-ST-ZIP	ZEPHYRHILLS, FL 33	3341	M _e the property of	**************************************	72/17/05-81	5042-010 50.00
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CITY-ST-ZIP	l					

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PUNITED NAME BY SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/14/05 813-997-3938 Date Daytime Prices #