2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052959

1. Entity Name ELMWOOD MHP, LLC



FILED Feb 27, 2006 08:00 AN Secretary of State

Principal Place of Business

5142 EPPING LANE ZEPHYRHILLS, FL 33541 Mailing Address 5142 EPPING LANE ZEPHYRHILLS, FL 33541



02092006No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEi Number Applied For 52-2420882 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

TYLER, LANNY W

DO NOT WRITE

| ZEPHYRHILLS, FL 33541 | | IN . | IN THIS SPACE | | |
|---------------------------------------|--|--|--|--|--|
| 8. The above the obligation | named entity submits this statement for the purpose of chations of registered agent. | unging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE. | Signature, typed or primed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when roinstating) | DATE | | |
| | iling Fee is \$50.00 ue by May 1, 2006 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TYLER, LANNY W 5142 EPPING LANE ZEPHYRHILLS, FL 33541 | | 11000000440750 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 000000449750 03/09/06- 800 26-016 50.00 | | |
| TITLE NAME | | | | | |

DO NOT WRITE IN THIS SPACE

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.

| SIGN | ATU | RE: | 0 |
|------|-----|-----|---|
| | | | |

STREET ADDRESS

CMY-ST-ZIP TITLE

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

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

813-997 3938

Daytime Phone #