


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 049 \*\*\*\*50.00

<b>DOCUMENT # L03000052959</b>		
1. Entity Name ELMWOOD MHP, LLC		

Principal Place of Business 5142 EPPING LANE ZEPHYRHILLS, FL 33541	Mailing Address 5142 EPPING LANE ZEPHYRHILLS, FL 33541
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2. Principal Place of Business - No P.O. Box # 3300 S NOVA RD - OFFICE Suite, Apt. #, etc.	3. Mailing Address 3300 S NOVA RD - OFFICE Suite, Apt. #, etc.
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01072007 Chg-LLC CR2E083 (12/06)

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32129	Zip 32129
Country US	Country US

4. FEI Number 52-2420882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TYLER, LANNY W 5142 EPPING LANE ZEPHYRHILLS, FL 33541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 S NOVA RD - OFFICE City PORT ORANGE FL Zip Code 32129
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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: Lanny W. Tyler (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYLER, LANNY W 5142 EPPING LANE ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 S NOVA ROAD - OFFICE PORT ORANGE, FL 32129
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
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: Lanny W. Tyler managing member DATE: 1/7/07 DAYTIME PHONE: 813-997-3938

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