04-26-2007 90026 028 ****55.00
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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
07 JUL 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000055014

1. Entity Name
MRH, LLC

Principal Place of Business
~~355 EVERGREEN LANE~~
~~MIDDLEBURG, FL 32068~~
Physical Address

Mailing Address
~~355 EVERGREEN LANE~~
~~MIDDLEBURG, FL 32068~~

2. Principal Place of Business - No P.O. Box #
5675 Sleepy Point
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 536
Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/05)

City & State: Melrose Fl
Zip: 32666 Country: Clay

City & State: Lake Geneva Fl
Zip: 32160 Country: Clay

4. FEI Number
32-0118274
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HARRISON, MICHAEL R~~
~~355 EVERGREEN LANE~~
~~MIDDLEBURG, FL 32068~~
5675 Sleepy Point
Melrose Fl. 32666

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
FL Zip Code

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 _____ DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARRISON, MICHAEL R 355 EVERGREEN LANE MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Michael R Harrison 4/15/07 904-673-2180
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #