



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000011642</b>	
1. Entity Name <b>MIH PROPERTIES, LLC</b>	

Principal Place of Business <b>858 HILLCREST DR NOKOMIS, FL 34275</b>	Mailing Address <b>PO BOX 297 LAUREL, FL 34272</b>
--	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
01152007No Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>33-1084463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PETERSON, DAVID E 858 HILLCREST DR NOKOMIS, FL 34275</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PETERSON, DAVID E 858 HILLCREST DR NOKOMIS, FL 34275</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.		
<b>SIGNATURE:</b> <u>David E. Peterson MGR</u>	<u>1/18/07</u>	<u>941-484-7059</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		