FILED
Jan 31, 2005 8:00 am
Secretary of State

01-10-2005 90055 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025871

1. Entity Name
MHOP PROPERTY, LLC

30000136

Principal Place of Business	Mailing Address
~~7534 BLACK OLIVE DRIVE~~ TAMARAC, FL 33321	~~7534 BLACK OLIVE DRIVE~~ TAMARAC, FL 33321

01042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
7852 NW 77 Avenue		7852 NW 77 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tamarac Florida		City & State: Tamarac Florida	
Zip: 33321	Country: USA	Zip: 33321	Country: USA

4. FEI Number: 32-0118358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIMON, MOSHE ~~7534 BLACK OLIVE DRIVE~~ TAMARAC, FL 33321	Name: Street Address (P.O. Box Number is Not Acceptable): 7852 NW 77 Avenue City: Tamarac FL Zip Code: 33321

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: Moshe Maimon — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/05

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAIMON, MOSHE ~~7534 BLACK OLIVE DRIVE~~ TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7852 NW 77 Avenue Tamarac Florida 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: Moshe Maimon — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 1/10/05 — Daytime Phone #: (954) 732-1244