

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000032852**

1. Entity Name  
MP,TP HOLDINGS II, LLC



Principal Place of Business

740 APEX ROAD  
SARASOTA, FL 34240 US

Mailing Address

740 APEX ROAD  
SARASOTA, FL 34240 US



03242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1127733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILLIARD, MIKE  
740 APEX RD  
SARASOTA, FL 34240

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000875458  
04/11/08-80034-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HILLIARD, PATRICIA A  
STREET ADDRESS 704 APEX ROAD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE MGRM  
NAME HILLIARD, MIKE  
STREET ADDRESS 740 APEX RD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE MGRM  
NAME HILLIARD, TIM  
STREET ADDRESS 740 APEX RD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE MGRM  
NAME HILLIARD, PATRICK  
STREET ADDRESS 740 APEX RD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE: \_\_\_\_\_

MIKE HILLIARD 3-27-08

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

Date

Daytime Phone #