2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L04000034170 1. Entity Name MH PLAZA, LLC					04-30-20	07 90067	017 ****	50.00
Principal Place of Business 3616 CYPRESS MEADOWS	Mailing Address 3616 CYPRESS MEADOWS			1				
TAMPA, FL 33624	TAMPA, FL 33624			i I liebkanja	III AAIN AAIN AAN AAN A	a nd Banke iild B il		I e i i (11 ie i
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04212007	Chg-LLC	CR2E0	83 (12/06)		
City & State	City & State			4. FEI Numi 41-21:			No	plied For ot Applicable
Zip Country	Zip -	Country	untry		e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current	6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent				
SCOTT, HOGIE D								
3616 CYPRESS MEADOWS TAMPA, FL 33624		Stree	t Address (P.O. Box Numi	per is Not Acceptab	ole)		!
		City				FL	Zip Cod	e
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	registered offic	e or register	ed agent, or b	oth, in the State of F		amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Agent si	onature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007	Filing Fee is \$50.00			•		ike check pa da Departme	-	9
9. MANAGING MEMBI	L ERS/MANAGERS	10.			ADDITIONS	S/CHANGES		
INTLE MGRM	☐ Delete	TITLE					Change	Addition
NAME SCOTT, HOGIE STREET ADDRESS 3616 CYPRESS MEADOWS CITY-ST-ZIP TAMPA, FL 33624		NAME STREET ADDRE CITY-ST-ZIP	ss					
IIILE MGRM	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS 3616 CYPRESS MEADOWS								
TILE TAMPA, FL 33624	TAMPA, FL 33624 CITY- Delete TILE						☐ Change	☐ Addition
NAME STREET ADDRESS	NAM SIRE							
CHY-SI-ZIP		CITY-ST-ZIP						
TITLE NAME	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRE	ss					
TITLE NAME	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRE	ss					
IIILE	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRE CITY-ST-ZIP	ss					
I hereby certify that the information supplied with indicated on this report is true and accurate accurate and accurate a	that my signature shall have	r the exemption	effect as if n	nade under oa	th; that I am a man:	further certify aging membe	that the info	ormation er of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 43607 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date								