

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90018 039 ****50.00

DOCUMENT # L04000043249

1. Entity Name
MHP VENTURES #2, LLC



Principal Place of Business
**455 N. INDIAN ROCKS ROAD #B
BELLEAIR BLUFFS, FL 33770**

Mailing Address
**455 N. INDIAN ROCKS ROAD #B
BELLEAIR BLUFFS, FL 33770**

60036012



2. Principal Place of Business
1180 Ponce De Leon Blvd

3. Mailing Address
1180 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33756

USA

33756

USA

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1226337

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

**ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD, STE. 2
LARGO, FL 33771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
VELTMAN, GREG D
455 N. INDIAN ROCKS ROAD #B
BELLEAIR BLUFFS, FL 33770** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Veltman, Greg D.
1180 Ponce De Leon Blvd, Suite 201
Clearwater, FL 33756** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BARAYBAR, ALBERTO F
15560 GULF BLVD.
REDINGTON BEACH, FL 33708** ☐ 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 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:

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

Date

Daytime Phone #

Greg D. Veltman

4/30/06