

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043249

Entity Name: MHP VENTURES #2, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1180 PONCE DE LEON BLVD STE 201
CLEARWATER, FL 33756

New Principal Place of Business:

6721 THOMASVILLE ROAD, SUITE 104-B
TALLAHASSEE, FL 32312

Current Mailing Address:

1180 PONCE DE LEON BLVD STE 201
CLEARWATER, FL 33756

New Mailing Address:

6721 THOMASVILLE ROAD, SUITE 104-B
TALLAHASSEE, FL 32312

FEI Number: 20-1226337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VELTMAN, GREG D
Address: 1180 PONCE DE LEON BLVD STE 201
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: BARAYBAR, ALBERTO F
Address: 15560 GULF BLVD
City-St-Zip: REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VELTMAN, GREG D
Address: 6721 THOMASVILLE ROAD, SUITE 104-B
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREG D. VELTMAN

MGR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date