

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044651

FILED
Apr 01, 2009
Secretary of State

Entity Name: MTN HIGHWAY 54 PARTNERS, LLC

Current Principal Place of Business:

721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

C/O ERNEST L. MASCARA
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 20-1341384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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: NOVAK, MICHAEL T JR.
Address: PO BOX 266
City-St-Zip: ST. PETERSBURG, FL 33731 US

Title: MGR () Delete
Name: NOVAK, MICHAEL TROY
Address: PO BOX 266
City-St-Zip: ST. PETERSBURG, FL 33731 US

Title: MGR () Delete
Name: NOVAK, JEFF T
Address: PO BOX 266
City-St-Zip: ST. PETERSBURG, FL 33731 US

ADDITIONS/CHANGES:

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

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

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: MICHAEL T. NOVAK, JR.

MGR

04/01/2009

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