

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000060587

1. Entity Name
SLIGH MHP LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 11:01

Principal Place of Business
4400 S. 70TH ST
TAMPA, FL 33619

Mailing Address
PO BOX 3284
BRANDON, FL 33509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1507308

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

HALDANE, WADE
4400 S. 70TH ST
TAMPA, FL 33619

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

(NOTE: Registered Agent signature required when reinstating)

3/18/06

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HALDANE, WADE
STREET ADDRESS 4400 S. 70TH ST
CITY-ST-ZIP TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100069950461
04/10/06--01052--019 **55.00

TITLE MGR
NAME HALDANE, CHARLES
STREET ADDRESS 4400 S. 70TH ST.
CITY-ST-ZIP TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME HALDANE, WILLIAM
STREET ADDRESS 4400 S. 70TH ST
CITY-ST-ZIP TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR
NAME ORANGE GROVE 92 LAND TRUST
STREET ADDRESS 7026 Nundy Ave.
CITY-ST-ZIP GIBSONTON, FL 33534 ☐ 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: Wade Haldane

3/18/06 (813) 760-6369