

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060587

FILED
Apr 30, 2007
Secretary of State

Entity Name: SLIGH MHP LLC

Current Principal Place of Business:

4400 S. 70TH ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 3284
BRANDON, FL 33509

New Mailing Address:

FEI Number: 20-1507308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALDANE, WADE
4400 S. 70TH ST
TAMPA, FL 33619 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: HALDANE, WADE
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: HALDANE, CHARLES
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: HALDANE, WILLIAM
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: ORANGE GROVE 92 LAND, TRUST
Address: 7026 NUNDY LANE
City-St-Zip: GIBSONTOWN, FL 33534

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:

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: WADE HALDANE

MGR

04/30/2007

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