## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000060587

Entity Name: SLIGH MHP LLC

Address:

City-St-Zip:

7026 NUNDY LANE

GIBSONTON, FL 33534

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
Current Mailing Address:			New Mailing Address:	
PO BOX 32 BRANDON	284 N, FL 33509			
FEI Number:	20-1507308	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
HALDANE 4400 S. 70 TAMPA, FL	TH ST			
The above in the State		ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () HALDANE, WAE 4400 S. 70TH S TAMPA, FL 336	Т	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () HALDANE, CHA 4400 S. 70TH S TAMPA, FL 336	Т.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () HALDANE, WILI 4400 S. 70TH S TAMPA, FL 336	Т	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	( )	Delete Æ 92 LAND, TRUST	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: WADE HALDANE MGR 02/29/2008