# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 07, 2006**
**Secretary of State**

DOCUMENT# L05000048095

**Entity Name:** MIHI TRUST, LLC

**Current Principal Place of Business:**

5117 TWIN CREEKS DRIVE
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

5117 TWIN CREEKS DRIVE
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

STUTLER, DEANNA W
5117 TWIN CREEKS DRIVE
VALRICO, FL 33594 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: STUTLER, DEANNA W
Address: 5117 TWIN CREEKS
City-St-Zip: VALRICO, FL 33594 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEANNA W STUTLER MGR 08/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date