

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052162

Entity Name: MSH PROPERTIES LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

800 AIRPORT ROAD
SUITE 104
ORMOND BEACH, FL 32174 US

Current Mailing Address:

800 AIRPORT ROAD
SUITE 104
ORMOND BEACH, FL 32174 US

FEI Number: 20-2931931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, E ROBERT
1028 N US 1
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

880 AIRPORT ROAD
SUITE 104
ORMOND BEACH, FL 32174 US

New Mailing Address:

880 AIRPORT ROAD
SUITE 104
ORMOND BEACH, FL 32174 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: MEG () Delete
Name: HARPER, STEVE R
Address: 880 AIRPORT ROAD, SUITE 104
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MEG () Delete
Name: HARPER, MEGGAN P
Address: 880 AIRPORT ROAD, SUITE 104
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HARPER, STEVE R
Address: 880 AIRPORT ROAD, SUITE 104
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: HARPER, MEGGAN P
Address: 880 AIRPORT ROAD, SUITE 104
City-St-Zip: ORMOND BEACH, FL 32174 US

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: STEVE HARPER

PRES

04/24/2009

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