

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083275

Entity Name: FLHP-MS, LLC

FILED  
Mar 24, 2008  
Secretary of State

## Current Principal Place of Business:

4786 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

11450 NELLIE OAKS BEND  
CLERMONT, FL 34711 US

## Current Mailing Address:

4786 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746 US

## New Mailing Address:

11450 NELLIE OAKS BEND  
CLERMONT, FL 34711 US

FEI Number: 35-2263203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNET, MARK J  
200 S. ORANGE AVENUE  
28TH FLOOR  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

SEECHARAN, BHARDWAAJ  
6125 METRO WEST BOULEVARD, UNIT 107  
ORLANDO, FL 32835 US

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: BHARDWAAJ SEECHARAN

03/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MIRABILIS VENTURES., INC.  
Address: 200 S. ORANGE AVENUE, 28TH FLOOR  
City-St-Zip: ORLANDO, FL 32801 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SEECHARAN, BHARDWAAJ  
Address: 11450 NELLIE OAKS BEND  
City-St-Zip: CLERMONT, FL 34711 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: BHARDWAAJ SEECHARAN

MGRM

03/24/2008

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