

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117570

FILED
Aug 12, 2006
Secretary of State

Entity Name: MAH PUTNAM ENTERPRISES, LLC

Current Principal Place of Business:

911 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

911 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

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:

Name and Address of New Registered Agent:

HALE, WILLIAM J
423 MARINA ROAD
SAN MATEO, FL 32187 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALE, WILLIAM J
Address: 423 MARINA ROAD
City-St-Zip: SAN MATEO, FL 32187

Title: MGRM () Delete
Name: ARRIBI, MARTIN
Address: 128 HITCHING POST DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGRM () Delete
Name: MURRAY, WILLIAM J
Address: 6114 GALLEON WAY
City-St-Zip: TAMPA, FL 33615

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:

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: WILLIAM J. HALE

PRES

08/12/2006

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