

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90181 040 ***138.75

DOCUMENT # L06000019779 1. Entity Name MHPF, LLC					
Principal Place of Business 747 PONCE DE LEON BLVD 700 502 CORAL GABLES, FL 33134			Mailing Address 747 PONCE DE LEON BLVD 700 502 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 747 Ponce De Leon Blvd			3. Mailing Address ← SAME		
Suite, Apt. #, etc. 502			Suite, Apt. #, etc. ← SAME		
City & State Coral Gables FL			City & State ← SAME		
Zip 33134		Country USA		Zip ← SAME	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEMPSEY, BRYAN W 3036 CENTER STREET COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGGIOLO, LUIS F 747 PONCE DE LEON BLVD SUITE 700 502 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGGIOLO, ANA MARIA 747 PONCE DE LEON BLVD SUITE 700 502 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>[Signature]</i></u> 3/13/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	