

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072737

FILED
Jun 24, 2009
Secretary of State

Entity Name: M I H PARTNERS, LIMITED COMPANY

Current Principal Place of Business:

546 MAJORCA AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1503 PIZARRO ST
CORAL GABLES, FL 33134 US

Current Mailing Address:

546 MAJORCA AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

1503 PIZARRO ST
CORAL GABLES, FL 33134 US

FEI Number: 51-0596224 FEI Number Applied For () 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:

SULLIVAN, SHANNON O
546 MAJORCA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SULLIVAN, SHANNON O
1503 PIZARRO ST
CORAL GABLES, FL 33134 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:

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SULLIVAN, SHANNON O
Address: 546 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: GUTIERREZ, CECILIA
Address: 29 ATKINS AVENUE
City-St-Zip: LYNN, MA 01904 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SULLIVAN, SHANNON O
Address: 1503 PIZARRO ST.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM (X) Change () Addition
Name: GUTIERREZ, CECILIA
Address: 1503 PIZARRO ST
City-St-Zip: CORAL GABLES, FL 33134 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: SHANNON SULLIVAN

MS.

06/24/2009

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