


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000122081		
1. Entity Name MEADOWBROOK MHP, LLC		

Principal Place of Business 44 UNION BLVD. SUITE 115 LAKEWOOD, CO 80228 US	Mailing Address 44 UNION BLVD. SUITE 115 LAKEWOOD, CO 80228 US
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2. Principal Place of Business - No P.O. Box # 10440 GOLDEN EAGLE CT Suite, Apt. #, etc.	3. Mailing Address 10440 GOLDEN EAGLE CT Suite, Apt. #, etc.
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City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324	Country BROWARD
Zip 33324	Country BROWARD

6. Name and Address of Current Registered Agent STAIR, DARYL L 10440 GOLDEN EAGLE COURT PLANTATION, FL 33324	
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FILED
07 OCT -4 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 42-1592454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADOWBROOK MANAGEMENT, LLC 44 UNION BLVD., SUITE 115 LAKEWOOD, CO 80228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAIR'S MANAGEMENT, INC 10440 GOLDEN EAGLE COURT PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110181972 10/02/07--01038--012 **50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: D. L. K. 9/27/2007 954-452-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #