

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039508

Entity Name: MTH DEVELOPMENT, LLC

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

160 N. SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

160 N. SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 51-0634926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILAL, MICHAEL
160 N. SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL FL US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: HILAL, MICHAEL
Address: 160 N. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: HILAL, TALAL E
Address: 160 N. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HILAL, NADIA
Address: 160 N SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MICHAEL HILAL

MGR

03/17/2008

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