

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102155

Entity Name: MH RECEIVABLES, LLC

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

14 EAST BAY STREET  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

14 EAST BAY STREET  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 26-1736665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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: MGRM ( ) Delete  
Name: HOWARD, G. ALAN  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: NICANDRI, PETER S  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: GILLAM, W. BRAXTON IV  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: DEES, ROBERT M  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: RENNER, PAUL M  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition  
Name: HOWARD, G. ALAN  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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

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 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: G. ALAN HOWARD

MM

03/30/2009

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