2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047311

Entity Name: MHM CONCEPTS LLC.

City-St-Zip: BAL HARBOUR, FL 33154

FILED Jun 30, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Pl | New Principal Place of Business: | |
|---|---|---|---|--|
| | LLINS AVE | | | |
| 708 BAL HARE | BOUR, FL 33154 | | | |
| Current IV | lailing Address: | New Mailing Add | New Mailing Address: | |
| 708 | LLINS AVE BOUR, FL 33154 | | | |
| | : 26-2597872 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the limited liabili | | | |
| Name and | Address of Current Registered Ager | nt: Name and Addre | ss of New Registered Agent: | |
| 10155 CO 708 | MIRIAM D LLINS AVE BOUR, FL 33154 US | | | |
| | e named entity submits this statement for e of Florida. | r the purpose of changing its regis | tered office or registered agent, or both | |
| SIGNATUI | RE: | | | |
| | Electronic Signature of Registere | d Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGE | S: | |
| Title: Name: Address: City-St-Zip: | MGR () Delete MATZKIN, MIRIAM D 10155 COLLINS AVE BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | MGR () Delete MATZKIN, HANNAH | Title: Name: | () Change () Addition | |

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: MIRIAM D MATZKIN MGR 06/30/2009