

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90027 022 \*\*\*\*50.00

**DOCUMENT # L97000000868**

1. Entity Name  
**M.H.P. GROUP TWO, L.C.**



Principal Place of Business

**38145 5TH AVENUE  
ZEPHYRHILLS FL 33541**

Mailing Address

**P.O. BOX 517  
ZEPHYRHILLS FL 33539-0517**

2. Principal Place of Business

**5315 EIGHTH ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33542**

6. Name and Address of Current Registered Agent

**MCCONIHAY, STEPHEN E  
5100 KENNEDY BLVD.  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

**JOHN E. HENSON**

Street Address (P.O. Box Number is Not Acceptable)

**5315 EIGHTH STREET**

City

**Zephyrhills**

**FL**

Zip Code

**33542-4412**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**2/25/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEWART, CATHERINE</b>	
STREET ADDRESS	<b>6403 N.W. 102ND TERRACE</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, DANIEL</b>	
STREET ADDRESS	<b>1859 PINE ISLAND RD.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**DANIEL WOODS X 5-6-03**

Date

Daytime Phone #

**813**

**782-0580**

CR2E083 (10/02)