

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000501	
M.H.P. GROUP FIVE, L.C. 5100 WEST KENNEDY BLVD., STE. 425 TAMPA FL 33609		1a. Principal Place of Business Address 5100 WEST KENNEDY BLVD., STE TAMPA FL 33609	
2. Principal Place of Business 38615 Lansing Ave. Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 2296 Suite, Apt. #, etc.	3. Date Organized or Qualified 04/23/1998	3a. State of Formation FL
City & State Zephyrhills, FL	City & State Zephyrhills, FL	4. FEI Number 69-3512671	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33540	Zip 33539	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
MCCONIHAY, STEPHEN E 5100 WEST KENNEDY BLVD., STE. 425 TAMPA FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) 38615 Lansing Ave. Suite, Apt. #, etc. City Zephyrhills FL Zip Code 33540	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STEWART, CATHERINE	5100 WEST KENNEDY BLVD., S	TAMPA FL
MGR	STEWART, HELEN	5100 WEST KENNEDY BLVD., S	TAMPA FL
MGR	WOODS, DANIEL	5100 WEST KENNEDY BLVD., S	TAMPA FL
MGR	STEWART, HUGH	5100 WEST KENNEDY BLVD., S	TAMPA FL
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Hugh Stewart</i>		4-15-99 813-7884373	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER		Type	