

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002502

FILED  
Sep 21, 2004  
Secretary of State

Entity Name: MHD PROPERTY L.C.

**Current Principal Place of Business:**

824-828 E. HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

824-828 E. HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 22-3628489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOOM, JONATHAN  
21845 POWERLINE ROAD, SUITE 207  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

BLOOM, JONATHAN  
2295 NW CORPORATE BLVD., SUITE 117  
BOCA RATON, FL 33433 US

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: JONATHAN BLOOM

09/21/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DENNIS, MICHAEL  
Address: 824-828 E HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM (X) Delete  
Name: DENNIS, HEATHER  
Address: 824-828 E HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES:**

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 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 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 DENNIS

MGRM

09/21/2004

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