

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90005 001 \*\*\*\*50.00

**DOCUMENT # L98000003395**

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



Principal Place of Business  
**6037 HARRIET STREET  
ZEPHYRHILLS FL 33541**

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

**30046850**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-3514463	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>STEWART, CATHERINE</b>				Name <b>John E. Henson</b>			
<b>5250 NW 95TH AVENUE</b>				Street Address (P.O. Box Number is Not Acceptable) <b>5315 Eighth St.</b>			
<b>CORAL SPRINGS FL 33067</b>				City <b>Zephyrhills</b> FL Zip Code <b>33542</b>			

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 *John E. Henson* DATE **2/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, HELEN			NAME			
STREET ADDRESS	5250 NW 95TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, HUGH			NAME			
STREET ADDRESS	5250 NW 95TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODS, DANIEL			NAME			
STREET ADDRESS	20239 WYNFREED LANE			STREET ADDRESS			
CITY-ST-ZIP	NORTH RIDGE CA 91236			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Daniel Woods* **DANIEL WOODS** *2/26/03* **782-0580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*NOT Member*

CR2E083 (10/02)