

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002503	
1. Entity Name M. H. P. Group Nine L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2085 C.R. 740 S.R.S. Apt. #, etc.	3. Mailing Address 2085 C.R. 740 Suite, Apt. #, etc.
City & State Webster FL Zip 33597 Country	City & State Webster FL 33597 Zip Country

DO NOT WRITE IN THIS SPACE.

4. FEI Number 59-3590267	Applied For Not Applicable
5. Certificate of Statute Docored ☒ \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Catherine m. Stewart	
Street Address (P.O. Box Number is Not Acceptable) 2085 CR 740	
City webster	FL Zip Code 33597

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 fee - applicable

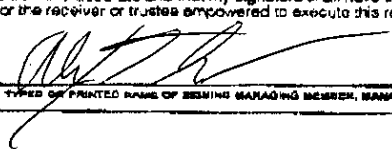
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Hugh Stewart 6260 Wiles Rd #102 Coral Springs FL 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP 100020805461
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Catherine Gress 11261 Heron Bay Blvd, Apt. 3324 Coral Springs FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Alexander T. Gress 2085 C.R. 740 Webster FL 33597	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE 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)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-10-03 954 288 8545

Date

Daytime Phone



CORPORATION SERVICE COMPANY™

L99000002503

ACCOUNT NO. : 072100000032

REFERENCE : 128924 4728874

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 55.00

ORDER DATE : June 12, 2003

ORDER TIME : 10:44 AM

ORDER NO. : 128924-005

CUSTOMER NO: 4728874

CUSTOMER: Susan Mckee
Stichter Riedel Blain &
Suite 200
110 East Madison Street
Tampa, FL 33602-4700

MR

ANNUAL REPORT FILING

NAME: M.H.P. GROUP NINE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 12 PM 1:00

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JUN 12 AM 11:42

RECEIVED