

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000585

**FILED**  
**Jan 30, 2004**  
**Secretary of State**

**Entity Name:** CAMP MHC, LLC

**Current Principal Place of Business:**

120 W LEXINGTON AVENUE  
ECKHART, IN 46516

**New Principal Place of Business:**

120 W LEXINGTON AVENUE  
ELKHART, IN 46516

**Current Mailing Address:**

120 W LEXINGTON AVENUE  
ECKHART, IN 46516

**New Mailing Address:**

120 W LEXINGTON AVENUE  
ELKHART, IN 46516

**FEI Number:** 35-2192693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, SUSAN  
10201 W. BEAVER ST.  
JACKSONVILLE, FL 32220 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HERITAGE FINANCIAL G, ROUP, INC.  
Address: 120 W LEXINGTON AVENUE  
City-St-Zip: ECKHART, IN 46516

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERITAGE FINANCIAL G, ROUP, INC.  
Address: 120 W LEXINGTON AVENUE  
City-St-Zip: ELKHART, IN 46516

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: BRIAN J. SMITH

MANA

01/30/2004

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