FILED Apr 05, 2005 8:00 am Secretary of State

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UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT#	104820A
1 Entity Name	



1. Entity Nam	MENI# 1048239 Henisworth MHP 1	,			04-05-2005 90052 0	036 ****61.25
	DO NOT WRITE	IN THIS SP	ACE			
2. Principal P	Place of Business	3. Mailing Address	<u> </u>			
Suite, Apt.	8 Kenilworth Blvd.	1312 5me Suite, Apt. #, etc.	erald Auc	2	DO NOT WRITE IN THIS SP	PACE
Clubbouse, Lot, #56						
City & Stat Seb	ina FL	City & State Sebring	FL	4. FEI Number		Applied For X Not Applicable
^{Zip} 338	S70 Country USA	^{Zip} 3 <i>381</i> 0	Country Lu \$\mathbb{B} A	5. Certificate of S		8.75 Additional ee Required
y Ass up	on a second to a second	The state of the s	gright.	7. Name and Addr	ess of Current Registered A	
and agreed to the same of	DO NOT WI	NIE	Name S	hirley Jo dress (P.O. Box Number is	hnston Not Acceptable	
	IN THIS SP	Marie Company of the		31-2==Emen		
			City C	S . 1	FL	Zip Code
R The above	named entity submits this statement for	the purpose of changing its re	rojetorod attico or i	Sebring		Zip Code 3 3870
	tions of registered agent.	the purpose of changing its re	sgistered onities of t	egistereo agent, or conti, ii	Title state of Florida, Fasti lan	ma with, and accept
·	Shine a	to a ton				·
SIGNATURE .	Signature, typed or printed name of objectered agent an	nd title if applicable. (NOTE:	Registered Agent signatur	e required when reinstating)	DATE	
	FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departn	
10.		Trust Fund Co	ntribution.			
TITLE	OFFICERS AND DIRE	Trust Fund Co	ntribution.			
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE OFFICERS AND DIRE PD David English 1206 Emerald A	Trust Fund Co	TITLE NAME STREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD David English 1206 Emerald A Sebring, FL 3	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD David English 1206 Emerald A Sebring, FL 3	Trust Fund Co	TITLE NAME STREET ADDRESS			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of of FED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR. See.	3/10/05	863-471-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	Date	Daytime Phone #