2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P03000121176

Entity Name: MHLP II MANAGER, INC.

Current Principal Place of Business:

601 BISCAYNE BLVD.
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

601 BISCAYNE BLVD.
MIAMI, FL 33132

New Mailing Address:

FEI Number: 86-1091279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., 43RD FLOOR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARISON, MICKY
Address: 601 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete
Name: WOOLWORTH, ERIC
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete
Name: SCHULMAN, SAMUEL
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete
Name: LIBMAN, RAQUEL
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ARISON, MICKY
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: DVPS (X) Change ( ) Addition
Name: WOOLWORTH, ERIC S
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: VPT (X) Change ( ) Addition
Name: SCHULMAN, SAMUEL D
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: VP (X) Change ( ) Addition
Name: LIBMAN, RAQUEL
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Change (X) Addition
Name: HOWARD, FRANK S
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D. SCHULMAN VP 04/18/2007

Electronic Signature of Signing Officer or Director — Date