2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121176

Entity Name: MHLP II MANAGER, INC.

Address:

601 BISCAYNE BLVD

City-St-Zip: MIAMI, FL 33132

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
601 BISCAYNE BLVD. MIAMI, FL 33132				601 BISCAYNE BLVD. AMERICAN AIRLINES ARENA MIAMI, FL 33132	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
601 BISCA MIAMI, FL	YNE BLVD. 33132		601 BISCAYNE BLVD AMERICAN AIRLINES MIAMI, FL 33132		
FEI Number:	86-1091279	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., 21ST FLOOR MIAMI, FL 33131 US					
The above in the State		submits this statement for the pur	pose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RONALD ALBERT, JR., VICE PRESIDENT			Т	04/17/2009	
	Electron	ic Signature of Registered Agent	t	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () ARISON, MICK 601 BISCAYNE MIAMI, FL 331	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () WOOLWORTH 601 BISCAYNE MIAMI, FL 331	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT () SCHULMAN, SA 601 BISCAYNE MIAMI, FL 331	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPS () LIBMAN, RAQU 601 BISCAYNE MIAMI, FL 331	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () HOWARD, FRA	Delete NK S	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: SAMUEL D SCHULMAN VP 04/17/2009