


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 019 ****55.00

DOCUMENT # L04000044161

1. Entity Name
MYSTIC DEVELOPMENT PARTNERS, LLC



Principal Place of Business
**2263 W NEW HAVEN AVE 301
W MELBOURNE FL 32904**

Mailing Address
**2263 W NEW HAVEN AVE 301
W MELBOURNE FL 32904**

2. Principal Place of Business
865 34TH AVE

3. Mailing Address
865 34TH AVE

Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State
VERO BEACH, FLORIDA

City & State
VERO BEACH, FLORIDA

Zip
32960

Country
USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLUL, JAMES F
2263 W NEW HAVEN AVE 301
W MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **ELLUL, JAMES F**

Street Address (P.O. Box Number is Not Acceptable)
865 34TH AVE

City **VERO BEACH** FL Zip Code **32960**

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 *James F. Ellul* DATE 4/13/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELLUL, JAMES F 2263 W NEW HAVEN AVE 301 W MELBOURNE FL 32904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELLUL, JAMES F 865 34TH AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/M. ELLUL, DARRYL 865 34TH AVE VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *James F. Ellul* DATE 4/13/05 DAYTIME PHONE # 772 5326664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #