

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094240

FILED
Jan 11, 2008
Secretary of State

Entity Name: MISSION CONECA FT. PIERCE, LLC

Current Principal Place of Business:

210 N UNIVERSITY DR
SUITE 212
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

210 N UNIVERSITY DR
SUITE 212
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-3529680 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)

Name and Address of Current Registered Agent:

DUNLEAVY, DAVID
210 N UINVERSITY DR
SUITE 212
CORAL SPRINGS, FL 33071 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/MANAGERS:

Title: MGRM () Delete
Name: CONECA INC.,
Address: 210 N UNIVERSITY DR SUITE 212
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Delete
Name: MISSION FT. PIERCE,, LLC
Address: 6116 SE FEDERAL HWY
City-St-Zip: STUART, FL 33997 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DAVID DUNLEAVY

P

01/11/2008

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