


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000021836 1. Entity Name MIST INVESTMENTS, LLC	
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Principal Place of Business 46 N. WASHINGTON BLVD, 21A SARASOTA, FL 34236	Mailing Address 46 N. WASHINGTON BLVD, 21A SARASOTA, FL 34236
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01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0707444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**DELPECH, MELINDA
46 N. WASHINGTON BLVD 21A
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELPECH, MELINDA 46 N. WASHINGTON BLVD, 21A SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVIRSKY, MICHAEL 46 N. WASHINGTON BLVD, 21A SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVIRSKY, STEVE 46 N. WASHINGTON BLVD, 21A SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/08-80048-003 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael Smiley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____