

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000008103

1. Entity Name  
MULTI-MISSION AMPHIBIANS, L.L.C.



Principal Place of Business  
1396 GRANDVIEW BLVD  
KISSIMMEE, FL 34744

Mailing Address  
1396 GRANDVIEW BLVD  
KISSIMMEE, FL 34744



02022005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FLL Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JONATHAN B. ALPER, ESQ.  
274 KIPLING CT  
HEATHROW, FL 32746

**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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

NAME  
MGRM  
RIVARD, ARMAND  
STREET ADDRESS  
1396 GRANDVIEW BLVD  
CITY-STATE-ZIP  
KISSIMMEE, FL 34744

NAME  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

000000242072  
02/24/05-80069-004 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**ARMAND RIVARD**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/17/05

Date

407-847-8080

Daytime Phone #