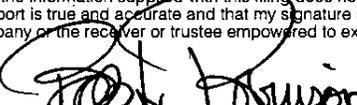


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 005 ****50.00

DOCUMENT # L02000030683							
1. Entity Name WEDGEFIELD MISSION, LLC							
Principal Place of Business 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 32701		Mailing Address 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 32701					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01202004 Chg-LLC CR2E083 (10/03) 4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROBINSON, BOB L 730 LAKE CREST COVE. ALTAMONTE SPRINGS, FL 32701 - 5500			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ROBINSON, BOB L	NAME					
STREET ADDRESS	730 LAKE CREST COVE	STREET ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701- 5500	CITY-ST-ZIP	5500				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	MGRM ROBINSON, CAROLYN				
STREET ADDRESS		STREET ADDRESS	730 LAKE CREST COVE				
CITY-ST-ZIP		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-5500				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	MGRM LEIGH ANN RUSH				
STREET ADDRESS		STREET ADDRESS	1916 BELFORD COURT				
CITY-ST-ZIP		CITY-ST-ZIP	MAITLAND, FL 32751-5500				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	MGRM E. LYNNE PHILLIPS				
STREET ADDRESS		STREET ADDRESS	5746 WAKEFIELD WAY				
CITY-ST-ZIP		CITY-ST-ZIP	MALON, GA 31210-5500				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: 			Date: JAN 19, 2004 407-260-9653				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date				
			Daytime Phone #				