


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000030683 1. Entity Name WEDGEFIELD MISSION, LLC	
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Principal Place of Business 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 32701	Mailing Address 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 32701
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01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, BOB L 730 LAKE CREST COVE. ALTAMONTE SPRINGS, FL 32701-5500	DO NOT WRITE IN THIS SPACE
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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** _____
Signature, typed or printed name of registered agent and title if applicable

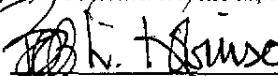
**Filing Fee is \$50.00
Due by May 1, 2005**

000000186692
01/21/05-80063-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, BOB L 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 327015500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, CAROLYN 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 327015500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSH, LEIGH A 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 327015500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, E L 730 LAKE CREST COVE ALTAMONTE SPRINGS, FL 327015500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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:  **Bob L. Robinson** **Jan 8 2005** **407-260-9653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #