


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent
 ROBINSON, BOB L
 730 LAKE CREST COVE.
 ALTAMONTE SPRINGS, FL 32701-5500

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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	

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 02/06/07-80054-019 50.00

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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: *Bob L Robinson* Date: Jan 27, 2007 Daytime Phone #: 407-260-9653

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