

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90140 034 ****50.00

DOCUMENT # L02000030956

1. Entity Name
MP PAPPAS EXCHANGE PROPERTY, LLC



Principal Place of Business
**4532 U.S. HIGHWAY 19, 2ND FLOOR
NEW PORT RICHEY, FL 34652**

Mailing Address
**4532 U.S. HIGHWAY 19, 2ND FLOOR
NEW PORT RICHEY, FL 34652**

20008217



2. Principal Place of Business

7916 Evolutions Way

Suite, Apt. #, etc.

Suite 106

City & State

Trinity, FL

Zip

34655

Country

Pasco

3. Mailing Address

7916 Evolutions Way

Suite, Apt. #, etc.

Suite 106

City & State

Trinity, FL

Zip

34655

Country

Pasco

01172006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1639603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, D. DEWEY
4532 U.S. HIGHWAY 19, 2ND FLOOR
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name
Mitchell, D. Dewey

Street Address (P.O. Box Number is Not Acceptable)

7916 Evolutions Way

Suite 106

City
Trinity

FL

Zip Code
34655

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MITCHELL, DEWEY D
4532 U.S HIGHWAY 19 2ND FLOOR
NEW PORT RICHEY, FL 34652** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Mitchell, Dewey D
7916 Evolutions Way, Ste 106
Trinity, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

**D. Dewey
Mitchell**

2-10-06 727-569-2332