## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033306						ER	
1. Entity Name MISSION BROOK, LLC					F/L	CU	
MICOIOI	DROOK, LLO		63		US MAR 3,	A	
			\	N. D. S.	25.00	4M 9: 40	
Principal Plac	ce of Business	Mailing Address		1	SECRETARY TALLAHASSEE	7 <b>.</b> N≈ .	
1429 HIGHL		P.O. BOX 12563	1	$\Delta \alpha X$	MLLAHASSEE	UF STATE	
TALLAHASSE	EE, FL 32317	TALLAHASSEE, FL 323	17 //	3/(	- W. I.	LORIDA	
			7	7			11
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		<del></del>			
					1 (4825) 611 6829 (81) 6821 6911 69	il ening itten (1520 (iki aritu aters) in in	ar .
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03282008 Chg-LLC	CR2E083 (12/06)	
City & Stat	le .	City & State			4. FEI Number 75-3109193	Applied F Not Appli	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Additional	Jaule
	6. Name and Address of Current	Produtered Asset	<del></del>			Fee Required	
	C. PRESIDE BUILD ACCUSES OF CUSTOM	veferened vileur	Na	ame	7. Name and Address of New F	egistered Agent	
	ON, BRENDA D	. C					
	1429 HIGHLAND DRIVE 1427 PINE St. TALLAHASSEE, FL 32317			Street Address (P.O. Box Number is Not Acceptable)			
IALLAMA	32303						
			Ci	ty		FL Zip Code	
8. The above	named/entity submits this statement to	Nhe purpose of changing its	registered of	fice or register	red agent or both in the State of File		cent
the obligat	tions of registered agent.	harbose or crianging its i	ogisiarau U	iina a tafisia			cebi
SIGNATURE	Drewla Dliv	i cherison	_		3.	-28-08 DATE	
	Signature, typed or printed name of registered agent	and take if applicable. (NOTE:	Registered Agen	signature regulado	when reinstating)	DATE	•
en e			/	ΙИ		<b>h</b>	
	: NOWIII  FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	<u>;</u>		ر ۱/(	_	e check payable to Department of State	
	·						
9.	MANAGING MEMBE		/10.		ADDITIONS	·	
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STREET ADDRESS	1429 HIGHLAND DR		STREET ADD	DRESS	700121	682287 6017 **138.75	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-Z		03/31/080100	6017 **138.75	
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	I	this filing does not qualify for	the exemption		in Chapter 110 Florida Statutas 16	urther certify that the information	
11. Thereby of	permy man me antompanton supplied with	and filling dood not duality to			in Chapter 119, Fiorica Statutes. 11		
11. I hereby of indicated limited lia	I on this report is true and accurate and ibility company or the receiver or trusted	that my signature shall have the	he same lega eport as reci	al effect as if m	ri Chapter 179, Florida Statutes. 110 nade under oath; that I am a manaç ter 608. Florida Statutes.	ging member or manager of the	
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