

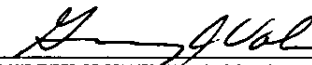


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90177 021 ****50.00

DOCUMENT # L02000034756 1. Entity Name MISSION DEVELOPMENT GROUP, LLC																																																																																																																																									
Principal Place of Business 102 SOUTH 12TH STREET TAMPA, FL 33602			Mailing Address 102 SOUTH 12TH STREET TAMPA, FL 33602																																																																																																																																						
2. Principal Place of Business 112 S. 12TH STREET		3. Mailing Address 112 S. 12TH STREET																																																																																																																																							
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
4. FEI Number 81-0625488				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)																																																																																																																																					
6. Name and Address of Current Registered Agent HOBBS, ROBERT S ESQUIRE 3719 SWANN AVENUE TAMPA, FL 33609						7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
DATE _____																																																																																																																																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">VOLENEC, GARY J</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">102 S 12TH STREET</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">TAMPA, FL 33602</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">JOHNSON, GREG</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5026 TRENTON ST</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">TAMPA, FL 33619</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">JOHNSON, SCOTT</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5026 TRENTON ST</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">TAMPA, FL 33619</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">VOLENEC, GARY J</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">112 S. 12TH STREET, SUITE D</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">TAMPA, FL 33602</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>		TITLE	P	<input type="checkbox"/> Delete	NAME	VOLENEC, GARY J		STREET ADDRESS	102 S 12TH STREET		CITY - ST - ZIP	TAMPA, FL 33602		TITLE	VP	<input type="checkbox"/> Delete	NAME	JOHNSON, GREG		STREET ADDRESS	5026 TRENTON ST		CITY - ST - ZIP	TAMPA, FL 33619		TITLE	S	<input type="checkbox"/> Delete	NAME	JOHNSON, SCOTT		STREET ADDRESS	5026 TRENTON ST		CITY - ST - ZIP	TAMPA, FL 33619		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	VOLENEC, GARY J		STREET ADDRESS	112 S. 12TH STREET, SUITE D		CITY - ST - ZIP	TAMPA, FL 33602		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  GARY J. VOLENEC 2/10/05 813 223-9416 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																																									