



**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90033 042 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

4/1

<b>DOCUMENT # L02000034756</b>		
1. Entity Name MISSION DEVELOPMENT GROUP, LLC		
Principal Place of Business 112 S 12TH STREET STE D TAMPA, FL 33602		Mailing Address 112 S 12TH STREET STE D TAMPA, FL 33602
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>81-0825488</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$3.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HOBBS, ROBERT S ESQUIRE 3719 SWANN AVENUE TAMPA, FL 33609		
<b>DO NOT WRITE IN THIS SPACE</b>		
7. 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when re-electing)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
<b>8. MANAGING MEMBERS/MANAGERS</b>		
TITLE	P	
NAME	VOLENEC, GARY J	
STREET ADDRESS	112 S 12TH STREET STE D	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VP	
NAME	JOHNSON, GREG	
STREET ADDRESS	5026 TRENTON ST	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	S	
NAME	JOHNSON, SCOTT	
STREET ADDRESS	5026 TRENTON ST	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
9. 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 partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE: 		Date: 5/3/06 813 223-9416

30008537

81-0625488

04062006 No Chg-LLC

CR2E083 (11/05)

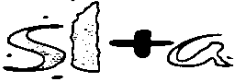


81-0825488

\$3.00 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

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 IN THIS SPACE**



SIMMONS, LAPLANT & ASSOCIATES  
Certified Public Accountants

ATTACHMENT  
30008537

201 East Kennedy Boulevard  
Suite 715  
Tampa, FL 33602-5828  
813-229-2090  
813-223-7104 fax  
www.simmonsaplant.com

May 3, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Mission Development Group, LLC  
Reference Number: L02000034756

Ladies and Gentlemen:

This letter is in response to your correspondence dated, April 17, 2006. The correct federal employer identification number is 81-0625488 as originally stated on the filed 2006 Limited Liability Company Annual Report. Attached is the signed Annual Report for your records.

If you have any questions, please do not hesitate to contact me. Thanks you for your cooperation in this matter.

Sincerely,

**SIMMONS, LAPLANT & ASSOCIATES, CPA, PA**

Robert E. LaPlant, CPA, CFP

Enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT

30008537  
L02000034756  
FAX TRANSMISSION

To: Bob Lohr

Fax #: 223-7104

From: Gary Volenec

Tel #: 813-223-9416

Fax #: 813-223-3399

April 17, 2006

MISSION DEVELOPMENT GROUP, LLC  
112 S 12TH STREET STE D  
TAMPA, FL 33602

Subject: MISSION DEVELOPMENT GROUP, LLC

Reference Number: L02000034756

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314