## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

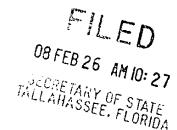
DOCUMENT # L03000011021

1. Entity Name
MVI, LLC

Principal Place of Business

8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514 Mailing Address

8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514





DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1624444 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501

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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.	
SI	IGNATURE	

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MMS, LLC 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby (	certify that the information supplied with this fiting does not qualify for the ex

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this fiting 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:

URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/03

Daytime Phone #

