


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000056063 1. Entity Name MISSION II DEVELOPMENT GROUP, LLC	
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Principal Place of Business 112 S 12TH STREET STE D TAMPA, FL 33602	Mailing Address 112 S 12TH STREET STE D TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



03252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1085099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, ROBERT S ESQ.
3719 SWANN AVENUE
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

U000000737670
05/11/07-80038-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLENEC, GARY J 112 S 12TH STREET STE D TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, GREG 5026 TRENTON ST TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, SCOTT 5026 TRENTON ST. TAMPA, FL 33619
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TITLE 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 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:  **3/29/07** **813 223-9416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #