


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 08:00 A
Secretary of State

DOCUMENT # L04000003910.

1. Entity Name
MISSION TRIPLEXES LLC



Principal Place of Business
**P.O. 180537
 TALLAHASSEE, FL 32318**

Mailing Address
**P.O. 180537
 TALLAHASSEE, FL 32318**

DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0597083

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLEISCHMAN, SCOTT D
 3128 HAWKS LANDING DR
 TALLAHASSEE, FL 32309**

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISCHMAN, SCOTT D P.O. 180537 TALLAHASSEE, FL 180537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISCHMAN, JULIE E P.O. 180537 TALLAHASSEE, FL 32318
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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: *Scott D. Fleischman* **2/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #