


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**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**



01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0597083</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000785076  
 01/16/08-80079-023 138.75

**DO NOT WRITE IN THIS SPACE**

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 Fleischman 1/9/08

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