

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003910

Entity Name: MISSION TRIPLEXES LLC

FILED
Apr 27, 2011
Secretary of State

Current Principal Place of Business:

P.O. 180537
TALLAHASSEE, FL 32318

New Principal Place of Business:

Current Mailing Address:

P.O. 180537
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 20-0597083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FLEISCHMAN, SCOTT D
Address: P.O. 180537
City-St-Zip: TALLAHASSEE, FL 180537

Title: MGRM
Name: FLEISCHMAN, JULIE E
Address: P.O. 180537
City-St-Zip: TALLAHASSEE, FL 32318

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MMBR

04/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date