



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000065900 1. Entity Name MISSION III DEVELOPMENT GROUP, LLC |  |
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| | |
|---|---|
| Principal Place of Business 112 S. 12TH ST. TAMPA, FL 33602 | Mailing Address PO BOX 396 TAMPA, FL 33601-0396 |
|---|---|

DO NOT WRITE IN THIS SPACE



03252007 No Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1232574 | 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

**VOLENEC, GARY
112 S. 12TH ST.
TAMPA, FL 33602**

**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 restate) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VOLENEC, GARY PO BOX 396 TAMPA, FL 336010396 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, GREG PO BOX 396 TAMPA, FL 336010396 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, SCOTT PO BOX 396 TAMPA, FL 336010396 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/15/07-80114-023 50.00

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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:  **3/29/07** **813 223-9416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #