2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L04000083936

Entity Name: MYSTIC SHORE INVESTMENT, LLC

Current Principal Place of Business:

205 DOLPHIN ST
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 221
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 20-1913153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHROTH, ELLEN S
205 DOLPHIN STREET
GULF BREEZE, FL 32561 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	( ) Delete
Name:	SCHROTH, ELLEN S	
Address:	205 DOLPHIN ST	
City-St-Zip:	GULF BREEZE, FL 32561 US	
Title:	MGRM	( ) Delete
Name:	SCHROTH, MARK	
Address:	315 FLORIDA AVE	
City-St-Zip:	GULF BREEZE, FL 32561 US	
Title:	MGRM	( ) Delete
Name:	SCHROTH, WALTER	
Address:	113 NAVARRE ST	
City-St-Zip:	GULF BREEZE, FL 32561	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ELLEN S. SCHROTH MGRM 02/19/2008

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