


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90106 040 ***143.75

DOCUMENT # L04000089792	
1. Entity Name MISSION RISE, L.L.C.	

Principal Place of Business 720 ALMOND STREET CLERMONT, FL 34711	Mailing Address P.O. BOX 120188 CLERMONT, FL 34712 US
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00011470

2. Principal Place of Business - No P.O. Box # 11405 W. COLONIAL DRIVE	3. Mailing Address Suite, Apt. #, etc.
City & State OAKLAND, FL	City & State
Zip 34787	Country



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3452235		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LANGLEY, RICHARD H SR. 720 ALMOND STREET CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name RICHARD H. LANGLEY Street Address (P.O. Box Number is Not Acceptable) 11405 W. COLONIAL DRIVE City OAKLAND FL Zip Code 34787

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 *Richard H. Langley* **RICHARD H. LANGLEY** **2-22-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, RICHARD H SR. 720 ALMOND STREET CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, RICHARD H. 11405 W. COLONIAL DRIVE OAKLAND, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard H. Langley* **2-22-08** **(407) 654-8675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #