
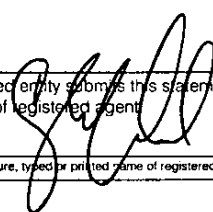
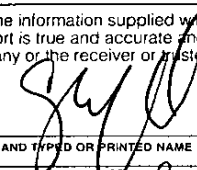


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90049 046 ****50.00

DOCUMENT # L05000000489					
1. Entity Name MISSION DEVELOPMENT LLC					
Principal Place of Business 1111 NORTH WESTSHORE BOULEVARD, SUITE 211 TAMPA, FL 33607			Mailing Address 1111 NORTH WESTSHORE BOULEVARD, SUITE 211 TAMPA, FL 33607		
2. Principal Place of Business 601 Bayshore Blvd. Suite, Apt. #, etc. Ste. 700 City & State TAMPA FL Zip 33606 Country USA			3. Mailing Address 601 Bayshore Blvd. Suite, Apt. #, etc. Ste. 700 City & State TAMPA FL Zip 33606 Country USA		
4. FEI Number 20-2167793		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MOSELEY, WAYNE 1111 NORTH WESTSHORE BOULEVARD, SUITE 211 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Craig E. Behrenfeld Street Address (P.O. Box Number is Not Acceptable) 601 Bayshore Blvd., Ste. 700 City TAMPA FL Zip Code 33606		
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 4/6/05					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Craig E. Behrenfeld 601 Bayshore Blvd., Ste. 700 TAMPA FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE 4/6/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Craig E. Behrenfeld			DATE 4/6/05 TELEPHONE 813.253.2020		

20028655



03242005 Chg-LLC CR2E083 (10/03)