2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002421

Entity Name: MISSION TRACE DEVELOPMENT, LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	•			rpair last of Basillessi	
SUITE 1	.O OAKS COU VILLE, FL 322:				
Current Mailing Address:			New Maili	New Mailing Address:	
	_				
4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224					
FEI Number: 20-2229884 FEI Number Applied For ()			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
4315 PABL SUITE 1	AGEMENT SEF .O OAKS COU VILLE, FL 322:	RT			
	named entity s		urpose of changing i	ts registered office or registered agent, or both	
SIGNATUR					
	Electron	ic Signature of Registered Age	nt	Date	
MANAGING I	MEMBERS/MANA	GERS:	ADDITIONS/0	CHANGES:	
Title: Name: Address: City-St-Zip:	SLG MANAGEM	Delete ENT SERIVICES, LLC AKS COURT, SUITE 1 , FL 32224	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition MCLEAN, MURPHY B JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition BRAREN, MICHAEL E 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition KUNKEL, JOHN C 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPSE () Change (X) Addition HOLM, MALLORY G 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPT () Change (X) Addition FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ASE () Change (X) Addition LAWARRE, JOY L 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE FL 32224	

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: MALLORY GAYLE HOLM VPSE 04/13/2009