

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004521

FILED
Jan 03, 2007
Secretary of State

Entity Name: MOSIER PROPERTIES GROUP, LLC

Current Principal Place of Business:

POST OFFICE BOX 486
POLK CITY, FL 33868

New Principal Place of Business:

POST OFFICE BOX 486
POLK CITY, FL 33868 US

Current Mailing Address:

POST OFFICE BOX 486
POLK CITY, FL 33868

New Mailing Address:

POST OFFICE BOX 486
POLK CITY, FL 338680486 US

FEI Number: 20-2166487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSIER, JAMES S
10229 OLD SPANISH TRAIL
POLK CITY, FL 33868 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: MOSIER, JAMES S
Address: POST OFFICE BOX 486
City-St-Zip: POLK CITY, FL 33868

Title: MGRM () Delete
Name: GRIDER, KAREN J
Address: POST OFFICE BOX 486
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOSIER, JAMES S
Address: POST OFFICE BOX 486
City-St-Zip: POLK CITY, FL 338680486 US

Title: MGRM (X) Change () Addition
Name: GRIDER, KAREN J
Address: POST OFFICE BOX 486
City-St-Zip: POLK CITY, FL 338680486 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES S MOSIER

MGRM

01/03/2007

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