

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059347

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MISSION TRACE APARTMENTS LLC

**Current Principal Place of Business:**

3801 MISSION TRACE BLVD.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4109  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 90-0275457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, M. JULIAN JR.  
C/O AUSLEY & MCMULLEN  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 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: DETTMANN, MATTHEW  
Address: 3801 MISSION TRACE BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: DETTMANN, DEBORAH  
Address: 3801 MISSION TRACE BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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: DEBORAH DETTMANN

MGMB

04/22/2009

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