


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000059844 1. Entity Name MITCHELL 1911, L.L.C.	
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Principal Place of Business 5020 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607	Mailing Address 5020 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3011058	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 MORRIS, ROBERT E 5020 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, JOHN P 13914 PEPPERRELL DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, EDITH 13914 PEPPERRELL DR TAMPA, FL 33624
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01/26/07-80013-002 55.00

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: <u>John P. Mitchell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/22/07 (813) 962-0551</u> <small>Date Daytime Phone #</small>
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