

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064390

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: MITCHELL DEVELOPMENT VENTURE, LLC

## Current Principal Place of Business:

2926 HAWTHORNE ROAD  
TAMPA, FL 33611

## New Principal Place of Business:

1409 TECH BLVD, SUITE 1  
TAMPA, FL 33619

## Current Mailing Address:

2926 HAWTHORNE ROAD  
TAMPA, FL 33611

## New Mailing Address:

1409 TECH BLVD, SUITE 1  
TAMPA, FL 33619

FEI Number: 20-3063296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLS, JEFFREY S  
2926 HAWTHORNE ROAD  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

HILLS, JEFFREY S  
1409 TECH BLVD SUITE 1  
TAMPA, FL 33619 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FRANK PAUL RIPA REVO, CABLE TRUST  
Address: 1409 TECH BLVD STE 1  
City-St-Zip: TAMPA, FL 33619

Title: MGRM ( ) Delete  
Name: HILLS, JEFFREY S  
Address: 2629 HAWTHORNE RD  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HILLS, JEFFREY S  
Address: 1409 TECH BLVD SUITE1  
City-St-Zip: TAMPA, FL 33619

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: FRANK P. RIPA

MGRM

02/13/2009

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