

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 034 \*\*\*138.75

<b>DOCUMENT # L05000088392</b>					
1. Entity Name MISSION FAITH COVENANT LLC					
Principal Place of Business 6116 SE FEDERAL HIGHWAY STUART, FL 34997			Mailing Address 6116 SE FEDERAL HIGHWAY STUART, FL 34997		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04142008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 16-1731361 Applied For Not Applicable	
- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE #304 JUPITER, FL 33458		Name CHRISTOPHER J. MCARTHUR			
		Street Address (P.O. Box Number is Not Acceptable) 6116 SE FEDERAL HWY.			
		City STUART FL Zip Code 34997			
		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 <i>C Jason McArthur</i>		C. JASON MCARTHUR		4-15-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE 304 JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. MCARTHUR, CHRISTOPHER J. 6116 SE FEDERAL HWY STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>C Jason McArthur</i>		C. JASON MCARTHUR		4-15-08 (772) 463-0677	
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	