


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90324 032 ***138.75

DOCUMENT # L05000094268

1. Entity Name
 MISSION FT. PIERCE, 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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCARTHUR, CHRISTOPHER J
 275 MURCIA DRIVE STE 304
 JUPITER, FL 33458

7. Name and Address of New Registered Agent
 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: C. Jason McArthur C. JASON MCARTHUR 4-15-08
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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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: C. Jason McArthur C. JASON MCARTHUR 4-15-08 (772) 463-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #