

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101316

Entity Name: MIGHTYMITCHPATRICKLLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

936 FOREST HILL DRIVE
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

936 FOREST HILL DRIVE
MINNEOLA, 34715

New Mailing Address:

936 FOREST HILL DRIVE
MINNEOLA, FL 34715

FEI Number: 61-1495604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARTER, FREDERICK W LLL
936 FOREST HILL DRIVE
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

HARTER, FREDERICK W 111
936 FOREST HILL DRIVE
MINNEOLA, FL 34715 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: FREDERICK W. HARTER 111

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARTER, FREDERICK W LLL
Address: 936 FOREST HILL DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGRM () Delete
Name: HARTER, LYNN M
Address: 936 FOREST HILL DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARTER, FREDERICK W 111
Address: 936 FOREST HILL DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FREDERICK W. HARTER 111

MGR

01/05/2006

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