## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

## FILED Feb 03, 2006 8:00 am Secretary of State

1. Entity Name	MENT #L05000 SEED, LLC	103070			01-11-2006 90	-	**50.00
Principal Place of Business 16310 AVILA BLVD. TAMPA, FL 33613		Mailing Address 16310 AVILA BLVD. TAMPA, FL 33613					
2. Principal Pla	ace of Business	3. Mailing Address		—     <b>               </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008	Chg-LLC C	R2E083 (11/05)	
City & State		City & State				oplied For	
Zip	Country	Zip	Country	B. Certificat	e of Status Desired	\$5.00	itional
*	6. Name and Address of C	urrent Registered Agent		7. Name an	d Address of New Regist	ered Agent	
KENT, HAR	ROLD L	·	Name				
16310 AVIL TAMPA, FL	_A 8LVD.		Street Add	ress (P.O. Box Num	ber is Not Acceptable).		
•			City		<del></del>	FL Zip Cod	
	named entity submits this states one of registered agent.	ment for the purpose of changing i	ta registered office or r	egistered agent, or b	oth, in the State of Florida.	·	and acce
SIGNATURE							
	Signesure, typed or printed name of register	(NX	TE: Registered Agent signature	echine) when rejustating)	1	DATE	
Fili Du	ling Fee is \$50.00 ie by May 1, 2006					eck payable to partment of Stat	•
9.	MANAGING	MEMBERS/MANAGERS	10,		ADDITIONS/CHA	NGES	
	MGRM	C Deteto	TITLE .			Change	☐ Add
	KENT, HAROLD L 16310 AVILA BLVD.		NAME STREET ACCRESS				
	TAMPA, FL 33613		CITY-\$1-ZP				
	MGRM	Delete	TILLE .	<u> </u>		Change	□ A33
KAME	KENT, JO ANN		NAME				
	16310 AVILA BLVD. TAMPA, FL 33613		STREET ADDRESS				
time	TAREFA, 1 E GOOTO	□ Delete	mr .			[] Change	☐ Add
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZP			CTY-51-2P				
TITLE NAME	•	☐ Deleta	TITLE MAME			Charge	☐ Add
STREET ACCINESS			STREET ADDRESS				
CITY-ST-ZIP			aty-sr-z#				
TITLE		Delete	TITLE			☐ Change	☐ Add
NAME	•		NAME STREET ADDRESS				
STREET ADDRESS CITY+51-21P			CITY-ST-ZP				
		☐ Deleta	TITLE			☐ Change	☐ Add
TITLE I			MAKE				
HAME			STREET ADDRESS				
HAME STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZP		S FIRST STATE OF THE STATE OF T		
STREET ADDRESS CITY-ST-ZP	on this report is true and acour-	ied with this filling does not qualify ste and that my signature shall hav r trustee empowered to execute th	for the exemptions cont to the same legal effect	es il made under ce	th; that I am a managing n	certify that the info number or manage	rmetion r of the



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2006

MUSTARD SEED, LLC 16310 AVILA BLVD. TAMPA, FL 33613

Subject: MUSTARD SEED, LLC

Reference Number: L05000103070

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION