

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90480 005 ****50.00

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02132007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000103070 1. Entity Name MUSTARD SEED, LLC					
Principal Place of Business 16310 AVILA BLVD. TAMPA, FL 33613			Mailing Address 16310 AVILA BLVD. TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box # 19117 Crooked Lane Suite, Apt. #, etc.		3. Mailing Address 19117 Crooked Lane Suite, Apt. #, etc.			
City & State Lutz FL		City & State Lutz FL		4. FEI Number 20-3691207	
Zip 33548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENT, HAROLD L 16310 AVILA BLVD. TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Patricia K. Walker, MGRM</i></u> 3-7-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT, JENNIFER 817 E. SAN MIGUEL, APT. #5 COLORADO SPRINGS, CO 80903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, PATRICIA K TRUSTEE 16310 AVILA BLVD. TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, Patricia K. Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19117 Crooked Lane Lutz FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, TRENT 19113 CROOKED LANE LUTZ, FL 33548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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: <u><i>Patricia K. Walker, MGRM</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3-7-07		Daytime Phone # 813-949-3259