


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90324 038 ***138.75

DOCUMENT # L05000112836 1. Entity Name MISSION WEST, 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		City & State Zip Country		4. FEI Number 20-3845711 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE #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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		C. JASON MCARTHUR <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-15-08 <small>DATE</small>	
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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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: C Jason McArthur <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			C. JASON MCARTHUR 4-15-08 (772) 463-0677 <small>Date Daytime Phone #</small>		