


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90312 050 \*\*\*138.75

<b>DOCUMENT # L06000014403</b> 1. Entity Name <b>MISSION PALM BAY, LLC</b>																													
Principal Place of Business <b>6116 SE FEDERAL HIGHWAY STUART, FL 34997</b>			Mailing Address <b>6116 SE FEDERAL HIGHWAY STUART, FL 34997</b>																										
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 <b>20-4410599</b>																									
City & State  Zip      Country		City & State  Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, STE. 304 JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name <b>CARISTOPHER J. MCARTHUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>6116 SE FEDERAL HWY.</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34997</b>																									
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>C Jason McArthur</i></u> <b>C. JASON MCARTHUR</b> <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCARTHUR, CHRISTOPHER J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>275 MURCIA DR SUITE 304</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MCARTHUR, CHRISTOPHER J		STREET ADDRESS	275 MURCIA DR SUITE 304		CITY-ST-ZIP	JUPITER, FL 33458		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MCARTHUR, CHRISTOPHER J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6116 SE FEDERAL HWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34997</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MCARTHUR, CHRISTOPHER J.		STREET ADDRESS	6116 SE FEDERAL HWY.		CITY-ST-ZIP	STUART, FL 34997	
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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: <u><i>C Jason McArthur</i></u> <b>C. JASON MCARTHUR</b> <b>4-15-08</b> <b>(772) 463-0677</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>																													

60025875

