


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90324 035 \*\*\*138.75

DOCUMENT # L06000042803					
<b>1. Entity Name</b> MISSION JRD ROHL WAY, 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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04142008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-4751847				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE 304 JUPITER, FL 33458			Name <b>CHRISTOPHER 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>		
<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.</b>					
SIGNATURE <i>C Jason McArthur</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>C. JASON MCARTHUR</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-15-08</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCARTHUR, CHRISTOPHER J 275 MURCIA DR SUITE 304 JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCARTHUR, CHRISTOPHER J. 6116 SE FEDERAL HWY. STUART, FL 34997
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>C Jason McArthur</i> <i>C. JASON MCARTHUR</i> <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>					

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