

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 023 \*\*\*\*50.00

**30006275**



1st MOORE CR2E083 (10/06)

<b>DOCUMENT # L06000045142</b> 1. Entity Name <b>MOUNT VERNON PROPERTY LLC</b>																																															
Principal Place of Business <b>3805 W. MANGO AVE. TAMPA FL 33616 US</b>			Mailing Address <b>3805 W. MANGO AVE. TAMPA FL 33616 US</b>																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State		4. FEI Number <b>16375619</b>																																											
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent  <b>LOWE, FREDERICK T ESQ. 3907 HENDERSON BLVD. 200 TAMPA FL 33629</b>				7. Name and Address of New Registered Agent																																											
				Name																																											
				Street Address (P.O. Box Number is Not Acceptable)																																											
				City																																											
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____																																															
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%;"> <b>MGRM HUNG, NGUYEN 3805 W. MANGO AVE. TAMPA FL 33616</b> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HUNG, NGUYEN 3805 W. MANGO AVE. TAMPA FL 33616</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>SIGNATURE:</b> <u>Nguyen Le phung Hung</u> <b>Pres.</b> <u>4/27/07</u> <b>813 887-1034</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															