1. Entity Name 02-18-2008 900/3 023 ***138.75	2008 LIMITED LIABILITY COMPANY ANNUAL REPORT						FILED Feb 18, 2008 8:00 am		
171 BROOKS STREET, SUITE F       171 BROOKS STREET, SUITE F         171 BROOKS STREET, SUITE F       171 BROOKS STREET, SUITE F         2. Principal Place of Busines - No PO. Box #       3. Mailing AdSmes         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         Zip Country       Zip Country         Zip Country       Scentificate of Status Desired         Zip Country       Scentificate of Status Desired Appendix         Zip Country       Scentres Appendix	DOCUMENT # L07000048223 1. Entity Name MISSION PARTNERS CRESTVIEW, LLC								
Suite, Apt. # etc.     Suite, Apt. # etc.     02122008     Chg-LLC     CR2E983 (12/06)       City & State     City & State     4. FEI Number     Applied For       Zip     Country     Zip     Country     S. Centicate of Status Desired     55.00 Addited       Zip     Country     Zip     Country     S. Centicate of Status Desired     55.00 Addited       Zip     Country     Zip     Country     S. Centicate of Status Desired     55.00 Addited       C T CORPORATION SYSTEM     1200 SOUTH PINE ISLAND ROAD     Name     Street Address (P.O. Box Number is Not Acceptable)       PLANTATION, FL 33324     Street Address (P.O. Box Number is Not Acceptable)     File       Street Address (P.O. Box Number is Not Acceptable)     File     Control       City     FL     Zip Code     Street Address (P.O. Box Number is Not Acceptable)       City     File     Street Address (P.O. Box Number is Not Acceptable)     File       City     File     Street Address (P.O. Box Number is Not Acceptable)     Cott       Street Address (P.O. Box Number is Not Acceptable)     Cott     File       City     Street Address (P.O. Box Number is Not Acceptable)     Cott       Street Address (P.O. Box Number is Not Acceptable)     Cott     File       Street Address (P.O. Box Number is Not Acceptable)     Cott     File <t< th=""><th>171 BROOKS</th><th>STREET, SL</th><th>JITE F</th><th colspan="2">171 BROOKS STREET, SUITE F</th><th>3</th><th></th></t<>	171 BROOKS	STREET, SL	JITE F	171 BROOKS STREET, SUITE F		3			
Dry & State       Dry & State       A FEI Number       Dry E State         Zip       Country       Zip       Country       S. Contributer       S. S. 20. Assistant         Zip       Country       Zip       Country       S. Contributer       S. 20. Assistant         Zip       Country       Zip       Country       S. Contributer       S. 20. Assistant         C C CORPORATION SYSTEM       Truema and Address of New Registered Agent       Truema and Address of New Registered Agent       Truema and Address of New Registered Agent         C C C CORPORATION SYSTEM       Taxona and Address of New Registered Agent       Truema and Address of New Registered Agent         C C C CORPORATION SYSTEM       Statel Address (P.O. Box Number is Not Acceptable)       FL         DLANTATION, FL 33324       Statel Address (P.O. Box Number is Not Acceptable)         Drue above nenged entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Tax Immilia web, and acceptable for Hardward agent age	2. Principal Pl	lace of Busin	ess - No P.O. Box #	3. Mailing Address					
Zip       Country       Zip       Country       8. Centificatio of Struut Desired       \$5.00 Address of New Registered Agent         T       Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         C1 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD       Break Address of New Registered Agent       7. Name and Address of New Registered Agent         C1 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD       Break Address (P.O. Box Number is New Acceptable)       FL         City       FL       Zip Code         R. The above named writh subsite the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the adgress for registered agent.       POTE Ingeneral Agent system with instate         State Trick Employment FEE IS \$139.76 After fixed Tript 1, 2008 Fee with the \$353.76 FT. WalkTon BEACH, FL 32548       10.       ADDITIONS/CHANGES         State Address       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES       Inste water address // FT. WalkTon BEACH, FL 32548       10.         Make Access       FT. WalkTon BEACH, FL 32548       Desite       Inste water address // FT. WalkTon BEACH, FL 32548       Ort-S1-20       Inste water address // FT. WalkTon BEACH, FL 32548       Ort-S1-20       Inste water address // FT. WalkTon BEACH, FL 32548       Ort-S1-20       Inste water address // FT. WalkTon BEACH, FL 32548	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122008 Chg-LLC CR2E083 (12/06)		
Zip         Country         Zip         Country         S. Certificate of Status Desired         S 50 Additional Test Required           6. Name and Address of Current Registered Agent         7: Name and Address of New Registered Agent         7: Name and Address of New Registered Agent           7: C COORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD         Street Address (P.O. Box Number is New Registered Agent         7: Name and Address of New Registered Agent           8: The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam tamBar with, and accept the branch agent of putpete agent.         City         FL         Zip Code           8: The above named entity submits his statement for the purpose of changing its registered office or registered agent.         (POE Request Agent sports requester dime of putpete agent.         Date           8: The above named entity submits has statement for the purpose of changing its registered office or registered agent.         (POE Request Agent sports requester dime of putpete agent.         Date           8: The above named entity submits field agent.         (POE Request Agent sports requester dime of putpete agent.         Date           8: The above named entity submits field agent.         (POE Request Agent sports requester dime of putpete agent.         Date           8: The above named entity submits field agent.         (POE Request Agent sports requester dime of putpete agent.         Date           8: The above name	City & State	9		City & State					
C. T. CORPORATION SYSTEM 1200 SOUTH FINE ISLAND ROAD PLANTATION, FL 33324     Amre       Streat Address (PO. Box Number is Not Acceptable)     Streat Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       B. The above named only admits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the adequations of registered agent.     Dott       Scientific     Bygets fixed agent and adequate agent of the florida.     Dott       Bygets fixed a price price and a digener agent of the florida.     Dott       Bygets fixed agent.     Dott       MOR     Mile Check payable to Florida Department of State       Byget fixed agent.     Dote       Mile Check, payable to Florida Department of State       Byget fixed agent.     Dote       Mile Check, payable to Fir. WALTON BEACH, FL 32548       If the Biget fixed agent.     Drange<	Zip		Country	Zip	Coun	itry	5 Certificate of Status Desired 55.00 Additional		
C T CORPORATION SYSTEM 1200 SOLTH FILE ISAND ROAD PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable)  City FL 2/p.Code  City FL 2/p.Co		6. Name	and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent		
Control to the provided of the provided o	1200 SOU	TH PINE I	SLAND ROAD				ss (P.O. Box Number is Not Acceptable)		
The obligations of registered agent. SIGNATURE SIGNATUR					City	FL Zip Code			
Bypeter, ford a priord parted sport of the Federate Agent sequence Agent sequence sport in the first applied for the second by the sport of the Federate Agent sequence sport in the first applied for the federate Agent sequence sport and the respective for the federate agent sequence agent and the respective for the federate agent sequence agent and the respective for the federate agent agent and the respective for the federate agent	the obligati			the purpose of changing its	register	ed office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce		
MANAGING MEMBERS/MANAGERS      10.     ADDITIONS/CHANGES      Intle     MGR     MILER, JEFFREY     MME     MILER, JEFFREY     MALATON BEACH, FL 32548     CITV-51-2P     TITLE     MGR     COOPER, CHARLES     Intle     MGR     COOPER, CHARLES     Intle     COOPER, CHARLES     Intle     COOPER, CHARLES     Intle     COOPER, CHARLES     Intle     Intle     MGR     Cooper, CHARLES     Intle     Intle     MGR     Cooper, CHARLES     Intle     Intle     Intle     MGR     Cooper, CHARLES     Intle     Intle     MAL     Intle     Int	A 21-55 FILE After May	NOWI	FEE IS \$138.75		E: Registere	ki Ageni signature requ	Make check payable to		
ITTLE     MGR     Delete     ITTLE     Change     Addition       ITTLE     MILLER, JEFFREY     Street ADDRESS     CITY-ST-2P     <		-#. 	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANGES		
ITTLE       MGR       Delete       TTLE       MAKE       Change       Addition         NAME       COOPER, CHARLES       STRET ADDRESS       STRET ADDRESS <td< td=""><td>TITLE. NAME STREET ADDRESS</td><td>MILLER,</td><td>OKS STREET, SUITE F</td><td>🗋 Delete</td><td>NAN</td><td>eet address</td><td>🗋 Change 🛄 Addit</td></td<>	TITLE. NAME STREET ADDRESS	MILLER,	OKS STREET, SUITE F	🗋 Delete	NAN	eet address	🗋 Change 🛄 Addit		
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TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP	TITLE NAME STREET ADDRESS			Detete	TITLE NAME STREET ADDRESS		Change Addit		
NAME     NAME       STREET ADDRESS     GITY-ST-2IP       TTLE     Delete       NAME     TITLE       NAME     STREET ADDRESS       GITY-ST-2IP     Change       Addition       STREET ADDRESS       GITY-ST-2IP       TTLE       NAME       STREET ADDRESS       GITY-ST-2IP       TH 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 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:     CMUC & Cooper       2/13/2008     85D - 244-665	TITLE - NAME STREET ADDRESS			Delete	TITL NAM STR	e Ie Eet address	🗋 Change 🔲 Addii		
NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         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:       CMUCK COOPEC       2/13/2008       850-244-665	NAME STREET ADDRESS			Detete	NAN STR	re Eet address	🗌 Change 🔲 Addii		
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: Churck Cooper 2/13/2008 850-244-65	NAME STREET ADDRESS			Delete	NAN STR	ie Eet address	Change 🗋 Addi		
SIGNATURE: SIGNATURE AND TODES OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2/13/2008 850-244-65	11. I hereby o	certify that th on this repo bility compa	e information supplied with it is true and accurate and ny or the receiver or trustee	this filing does not qualify fo that my signature shall have empowered to execute this	r the exe the sam report a	emptions contain e legal effect as s required by Ch	ned in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.		
	SIGNAT			BIGNING MANAGING MEMBER, MA	LICK	CONCI R AUTHORIZED REPR	C 2/13/2008 850-244-665 RESENTATIVE Date Daytime Phone #		

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