

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029320

FILED  
Aug 21, 2009  
Secretary of State

Entity Name: MITCHELL INVESTMENTS, LLC

**Current Principal Place of Business:**

185 SE BROOKS STREET STE 101  
FT WALTON BEACH, FL 32458

**New Principal Place of Business:**

**Current Mailing Address:**

185 SE BROOKS STREET STE 101  
FT WALTON BEACH, FL 32458

**New Mailing Address:**

3610 FAIR OAKS PLACE  
LONGBOAT KEY, FL 34228

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MITCHELL, GEORGE E  
185 SE BROOKS STREET STE 101  
FT WALTON BEACH, FL 32458 US

**Name and Address of New Registered Agent:**

MITCHELL, GEORGE E  
3610 FAIR OAKS PLACE  
LONGBOAT, FL 34228 US

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.

SIGNATURE:

08/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MITCHELL, GEORGE E  
Address: PO BOX 2212  
City-St-Zip: FT WALTON BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MITCHELL, GEORGE E  
Address: 3610 FAIR OAKS PLACE  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELLIOTT MITCHELL

MGRM

08/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date