

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062062

FILED
May 20, 2007
Secretary of State

Entity Name: PRESTON & MULLEN PROPERTIES, LLC

Current Principal Place of Business:

8255 W. SUNRISE BLVD
#176
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

8255 W. SUNRISE BLVD
#176
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 84-1713625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

KELLY JAMEN-SUAREZ, P.A.
7457 NW 18TH DRIVE
PEMBROKE, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MULLEN, JOSEPH F
Address: 8255 W. SUNRISE BLVD, #176
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: PRESTON, CARLTON A
Address: 8255 W. SUNRISE BLVD #176
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PRESTON, CARLTON A JR
Address: 8255 W. SUNRISE BLVD #176
City-St-Zip: PLANTATION, FL 33322

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: CARLTON A PRESTON JR

MGR

05/20/2007

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