

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90116 033 \*\*\*\*50.00

**DOCUMENT # L01000002452**

1. Entity Name  
**MCMULLEN, LLC**

Principal Place of Business

Mailing Address

**7208 SAND LAKE ROAD  
 SUITE 302  
 ORLANDO FL 32819**

**7208 SAND LAKE ROAD  
 SUITE 302  
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

**719 Peachtree Road**  
 Suite, Apt. #, etc.

**215 Celebration Place**  
 Suite, Apt. #, etc.  
**Suite 250**

City & State  
**Orlando, FL 32804**

City & State  
**Celebration, FL 34747**

4. FEI Number

**30-0021122**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, WENDY ESQ.  
 200 SOUTH ORANGE AVE.  
 SUITE 2300  
 ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MCMULLEN, EDWIN H SR.<br/>7208 SAND LAKE ROAD<br/>ORLANDO FL 32819</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MCMULLEN, EDWIN H SR.<br/>215 CELEBRATION PLACE, SUITE 250<br/>CELEBRATION, FL 34747</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Edwin McMullen, Sr.* **Edwin McMullen, Sr.**

**09/23/02 321.939.4773.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)