
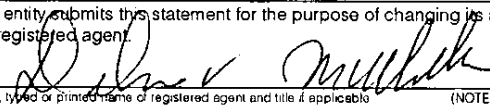


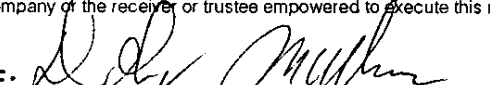
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90162 014 ****50.00

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| DOCUMENT # L01000008512 | | | |  | |
| 1. Entity Name MULLINS & ASSOCIATES, L.L.C. | | | | | |
| Principal Place of Business 7126 ORCHID ISLAND PL BRADENTON FL 34202 | | | Mailing Address 7126 ORCHID ISLAND PL BRADENTON FL 34202 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1114821 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR FL 32579-0000 | | | 7. Name and Address of New Registered Agent Name DELNO V. MULLINS Street Address (P.O. Box Number is Not Acceptable) 7126 ORCHID ISLAND PLACE City BRADENTON, FL Zip Code 34202 | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MULLINS, DELNO VIRL 3424 N. SHARON CHURCH ROAD LOGANVILLE GA 30052 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MULLINS, DELNO VIRL 7126 ORCHID ISLAND PLACE BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MULLINS, ULRIKE 3424 SHARON CHURCH ROAD LOGANVILLE GA 30052 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MULLINS, ULRIKE 7126 ORCHID ISLAND PL BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **7-11, 2005** **941-388-0787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20011087



1st MOORE CR2E083 (10/04)