2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# L02000015741

Entity Name: MULLIGAN INVESTMENTS, LLC

Current Principal Place of Business:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 01-0725580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLIGAN, MICHAEL J SR.
991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317 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:	MGRM	( ) Delete
Name:	MULLIGAN, MICHAEL J SR.	
Address:	590 EAST LAKE DASHA DRIVE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	MULLIGAN, MICHAEL J JR.	
Address:	590 EAST LAKE DASHA DRIVE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	MULLIGAN, ALICIA	
Address:	590 EAST LAKE DASHA DRIVE	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. MULLIGAN MR. 04/11/2007

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