2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000237

1. Entity Name
ML MULBERRY, LLC

Principal Place of Business	Mailing Address
138 LONGMEADOW ST LONGMEADOW, MA 01106	138 LONGMEADOW ST LONGMEADOW, MA 01106

DO NOT WRITE IN THIS SPACE

04192007No Chg-LLC   CR2E083 (11/05)

4. FEI Number 06-1670036	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTINELLI, GARY E
STREET ADDRESS	138 LONGMEADOW STREET
CITY-ST-ZIP	LONGMEADOW, MA 01106
TITLE	MGR
NAME	LOMBARDI, ERIC J
STREET ADDRESS	1601 PAGE BLVD
CITY-ST-ZIP	SPRINGFIELD, MA 01104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/07-80013-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/19/07   (413) 567-8411

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