


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10:41

DOCUMENT # L03000000890 1. Entity Name MULLINGS HARRIS PROPERTIES, LLC					
Principal Place of Business 220 CONGRESS PARK DRIVE STE 245 DELRAY BEACH, FL 33445 US			Mailing Address 220 CONGRESS PARK DRIVE STE 245 DELRAY BEACH, FL 33445 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1170743			Applied For Not Applicable		
5. Certificate of Status Desired			Chg-LLC CR2E083 (10/03) \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MULLINGS, JOSEPH S MR 220 CONGRESS PARK DRIVE STE 245 DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLINGS, JOSEPH 220 CONGRESS PARK DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, DAVE 2805 E. OAKLAND PARK BLVD FT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			100056819931 06/30/05--01064--002 **55.00		
SIGNATURE: _____			6.20.05 561243.8883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		