2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# L03000016595

Entity Name: BULL PEN PULLERS, L.L.C.

Current Principal Place of Business:

5009 SOUTH FLORIDA AVE.
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 447
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 65-1186892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAPERLE, DAVID R
5009 S. FLORIDA AVE.
INVERNESS, FL 34450 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: MGR ( ) Delete
Name: LAPERLE, DAVID R
Address: 2121 N. MEADOWVIEW TERR.
City-St-Zip: HERNANDO, FL 34442

Title: S ( ) Delete
Name: LAPERLE, TRAVIS
Address: 4659 E VAN NESS RD
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

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 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: DAVID R. LAPERLE MGR 05/04/2007

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