

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan. 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021220

1. Entity Name
MULLEN PORTER 200, LLC



Principal Place of Business
**17342 BROWN RD.
ODESSA, FL 33556**

Mailing Address
**17342 BROWN RD.
ODESSA, FL 33556**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0041227

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON ESQ
RICHARDS, GILKEY, FITE, ET AL
1253 PARK ST.
CLEARWATER, FL 33755**

**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)

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000383028

01/12/06-80037-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PORTER, LORI
17342 BROWN RD.
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lori Porter Lori Porter 1-6-06 813 926-2424

Daytime Phone #