


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 019 ****50.00

DOCUMENT # L03000030416	
1. Entity Name MULE TRAIN INVESTMENTS, LLC	

Principal Place of Business 1028 EAST PARK AVENUE TALLAHASSEE, FL 32301	Mailing Address 1028 EAST PARK AVENUE TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40058208



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0510453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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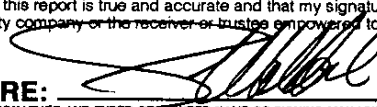
6. Name and Address of Current Registered Agent WALDOCH, LAUCHLIN 1024 EAST PARK AVENUE TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1709 HERMITAGE BLVD, SUITE 200 City TALLAHASSEE FL Zip Code 32308
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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  LAUCHLIN T. WALDOCH DATE 4/21/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDOCH, STEPHAN L 8509 LITTLE SCENIC LANE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  STEPHAN WALDOCH DATE 4/19/06 850 212 5028	