


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90138 039 \*\*\*\*55.00

<b>DOCUMENT # L03000039766</b>	
1. Entity Name <b>MULLIGANS QUAY INVESTMENTS, LLC</b>	

Principal Place of Business <b>1756 EMERALD CIRCLE COVE CAPE CORAL FL 33991</b>	Mailing Address <b>1756 EMERALD CIRCLE COVE CAPE CORAL FL 33991</b>
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2. Principal Place of Business <b>1813 HARBOUR CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1813 HARBOUR CIRCLE</b> Suite, Apt. #, etc.
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City & State <b>CAPE CORAL FL</b>	City & State <b>CAPE CORAL FL</b>
Zip <b>33914</b>	Zip <b>33914</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E083 (4/04)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MULLIGAN, JOHN F 1756 EMERALD CIRCLE COVE CAPE CORAL FL 33991</b>		7. Name and Address of New Registered Agent Name <b>MULLIGAN, JOHN F</b> Street Address (P.O. Box Number is Not Acceptable) <b>1813 HARBOUR CIRCLE</b> City <b>CAPE CORAL FL</b> Zip Code <b>33914</b>

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 *John F. Mulligan* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, JOHN 1756 EMERALD CIRCLE COVE CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, JOHN F. 1813 HARBOUR CIRCLE CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, CATHERINE 1756 EMERALD CIRCLE COVE CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, CATHERINE 1813 HARBOUR CIRCLE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, DEBRA A 326 E. BROADWAY BEL AIR MD 21014 <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	MGRM MULLIGAN, KELLY L 304-N CANTERBURY ROAD BEL AIR MD 21014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLIGAN, KELLY L 1540 SUNSWEEP DRIVE BELAIR MD 21015 <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

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.

SIGNATURE: *John F. Mulligan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_