


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000002690</b> 1. Entity Name <b>JAMES W. MCMULLEN CONSTRUCTION, L.L.C.</b>	
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Principal Place of Business <b>2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>MCMULLEN, JAMES W 2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMULLEN, JAMES W 2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR -5 AM 10: 31



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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200095886492  
04/05/07--01013--007 \*\*100.00

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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: James W Mc Millen Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE