


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 14 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000002690</b> 1. Entity Name <b>JAMES W. MCMULLEN CONSTRUCTION, L.L.C.</b>					
Principal Place of Business <b>2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MCMULLEN, JAMES W 2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMULLEN, JAMES W 2758 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
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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.			500123242865 04/14/08--01028--002 **277.50		
<b>SIGNATURE:</b> <i>James W McMullen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/14/08</b> <small>Daytime Phone #</small>		