

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041681**

1. Entity Name  
**MULLET ISLAND, LLC**



Principal Place of Business  
**3737 SAN CARLOS DRIVE  
ST. JAMES CITY, FL 33956**

Mailing Address  
**3737 SAN CARLOS DRIVE  
ST. JAMES CITY, FL 33956**



03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**NOGALSKI, JENNIFER J ESQ  
PORTER, WRIGHT, MORRIS & ARTHUR LLP  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 34108**

**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)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000853624  
03/26/08-90075-007.138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>DOERMAN, ALAN</b>
STREET ADDRESS	<b>3737 SAN CARLOS DRIVE</b>
CITY-ST-ZIP	<b>ST. JAMES CITY, FL 33956</b>

TITLE	<b>MGRM</b>
NAME	<b>DOERMAN, PAT</b>
STREET ADDRESS	<b>3737 SAN CARLOS DRIVE</b>
CITY-ST-ZIP	<b>ST. JAMES CITY, FL 33956</b>

TITLE	
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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

3-7-08 239-283-4670