2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051548

1. Entity Name

LONNIE MCMULLEN JR., LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

752 PETE'S LANE

DAVENPORT, FL 33837 US

Mailing Address

233 GRAND RESERVE DRIVE DAVENPORT, FL 33837 US



01062008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number	 Applied For
20-1353756	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCMULLEN, LONNIE JR. 3801 BEASLEY ROAD DAVENPORT, FL 33837

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	Low Myl 2		1cMullen JR	<u>I-11-08</u>
	Signature, typed or printed name of registrated agent and title if applicable.	(NOTE: Registered	Agent signature required when reinst	tating) DATÉ
	: NOW!!!: FEE IS \$138.75 71, 2008 Fee will be \$538.75		:	U00000781872 01/15/08-80052-006 138.75
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMULLEN, LONNIE JR. 3801 BEASLEY ROAD DAVENPORT, FL 33837		:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		
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TITLE NAME STREET ADDRESS CITY+ST-ZIP			l	N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Markey St. Commencer			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE