

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051563

FILED
Jan 07, 2006
Secretary of State

Entity Name: LONNIE WAYNE MCMULLEN SR., LLC

Current Principal Place of Business:

5680 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY, FL 33848 US

New Principal Place of Business:

Current Mailing Address:

752 PETE'S LANE
DAVENPORT, FL 33837 US

New Mailing Address:

233 GRAND RESERVE DRIVE
DAVENPORT, FL 33837 US

FEI Number: 20-1353640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCMULLEN, LONNIE W SR.
5680 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY, FL 33848 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMULLEN, LONNIE W SR.
Address: 5680 S. ORANGE BLOSSOM TRAIL
City-St-Zip: INTERCESSION CITY, US 33848 US

Title: MGRM () Delete
Name: BOMIA, JOY LYNN
Address: 1792 S. ORANGE BLOSSOM TRAIL
City-St-Zip: INTERCESSION CITY, FL 34759

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LONNIE WAYNE MCMULLEN SR.

MGRM

01/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date