

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051563

FILED  
Jan 03, 2007  
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:**

752 PETE'S LANE  
DAVENPORT, FL 33837 US

**Current Mailing Address:**

233 GRAND RESERVE DRIVE  
DAVENPORT, FL 33837 US

**New Mailing Address:**

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:**

MCMULLEN, LONNIE W SR.  
3811 BEASLEY ROAD  
DAVENPORT, FL 33837 US

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: LONNIE WAYNE MCMULLEN SR

01/03/2007

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: MGRM (X) Change ( ) Addition  
Name: MCMULLEN, LONNIE W SR.  
Address: 3811 BEASLEY ROAD  
City-St-Zip: DAVENPORT, US 33837 US

Title: MGRM (X) Change ( ) Addition  
Name: BOMIA, JOY LYNN  
Address: 3811 BEASLEY ROAD  
City-St-Zip: DAVENPORT, FL 33837

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

01/03/2007

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