

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053908

FILED  
Mar 12, 2007  
Secretary of State

Entity Name: MCMULLEN BOOTH DEVELOPERS, LLC

## Current Principal Place of Business:

20001 GULF BLVD  
SUITE 1  
INDIAN SHORES, FL 33785

## New Principal Place of Business:

10225 ULMERTON ROAD  
SUITE 2  
LARGO, FL 33771

## Current Mailing Address:

PO BOX 18  
LARGO, FL 33779

## New Mailing Address:

FEI Number: 80-0072505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARSENAULT, KENNETH G JR.  
10225 ULMERTON ROAD SUITE 2  
LARGO, FL 33771 US

## Name and Address of New Registered Agent:

ARSENAULT, KENNETH G JR.  
10225 ULMERTON ROAD SUITE 2  
SUITE 2  
LARGO, FL 33771 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: KENNETH G. ARSENAULT, JR.

03/12/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LYONS, ROBERT E  
Address: PO BOX 152  
City-St-Zip: LARGO, FL 33779

Title: MGRM (X) Delete  
Name: BUSSINAH, STEPHEN  
Address: 2281 TONIWOOD LANE  
City-St-Zip: PALM HARBOR, FL 34685

## 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: ROBERT E. LYONS

MGR

03/12/2007

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