

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90177 042 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000061620</b><br>1. Entity Name<br><b>MALLARD INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                          |
| Principal Place of Business<br><b>1141 AZALEA DRIVE<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        | Mailing Address<br><b>942 BRISTOL HAMMOCK CIRCLE<br/>KINGSLAND, GA 31548</b>                                                                                                                                        |                                                                                                                                                          |
| 2. Principal Place of Business<br><b>407 Bow Lane</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | 3. Mailing Address<br><b>407 Bow Lane</b><br>Suite, Apt. #, etc.                                                                                                                                                    |                                                                                                                                                          |
| City & State<br><b>Bradenton, Florida</b><br>Zip <b>34208</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | City & State<br><b>Bradenton, Florida</b><br>Zip <b>34208</b> Country                                                                                                                                               |                                                                                                                                                          |
| 4. FEI Number<br><b>20-1517608</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                     |                                                                                                                                                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | <b>\$5.00</b> Additional Fee Required                                                                                                                                                                               |                                                                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><br><b>MURROW, C. SAM JR.<br/>1141 AZALEA DRIVE<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>C. Sam Murrow, Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>407 Bow Lane</b><br>City <b>Bradenton</b> <b>FL</b> Zip Code <b>34208</b> |                                                                                                                                                          |
| 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.<br>SIGNATURE <u></u> DATE <b>2-16-06</b><br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>                                                                  |                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                          |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                        |                                                                                                                                                          |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                        |                                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>MURROW, C S JR.<br/>942 BRISTOL HAMMOCK CIRCLE<br/>KINGSLAND, GA 31548</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>MGRM<br/>C. Sam Murrow, Jr.<br/>407 Bow Lane<br/>Bradenton, FL 34208</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| 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: <u></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | Date <b>2/16/06</b> Daytime Phone # <b>941-907-4004</b>                                                                                                                                                             |                                                                                                                                                          |