


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90030 018 ****55.00

DOCUMENT # L04000083144 1. Entity Name MULRAIN RESOURCE GROUP, L.L.C.			
Principal Place of Business 3210 P. STREET, NW WASHINGTON, DC 20007 US		Mailing Address 3210 P. STREET, NW WASHINGTON, DC 20007 US	
2. Principal Place of Business 6740 N. Epping Forest Way Suite, Apt. #, etc. #106		3. Mailing Address 6740 N. Epping Forest Way Suite, Apt. #, etc. #106	
City & State Jacksonville, FL Zip 32217		City & State Jacksonville, FL Zip 32217	
4. FEI Number 59-3639424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCIER, LEE F 200 W. FORSYTH STREET 1100 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MULRAIN, JOANELLE W 3210 P. STREET NW WASHINGTON, DC 20007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6740 N. Epping Forest Way, #106 Jacksonville, FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Joanelle Wood Mulrain</i>		<i>Pres. & CEO</i> <i>April 26, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone: 904 476.9099	