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Secretary of State
04-10-2006 90044 023 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089548

1. Entity Name
MULLIGAN PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
4920 SOUTH DEVONSHIRE LANE LAKELAND, FL 33813	4920 SOUTH DEVONSHIRE LANE LAKELAND, FL 33813

03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-3916473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRISON, JOSEPH A 3500 SOUTH FLORIDA AVE. SUITE 3 LAKELAND, FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Joseph A. Morrison 7/3/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR Margaret A. McGowan 4920 S. Devonshire Ln. Lakeland FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Managing Member~~ ~~Margaret A McGowan~~ ~~4920 S. Devonshire Ln.~~ ~~Lakeland FL 33813~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Daniel J. McGowan 4920 S. Devonshire Ln. Lakeland FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Daniel J. McGowan~~ ~~4920 S. Devonshire Ln.~~ ~~Lakeland FL 33813~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Margaret A. McGowan 3/26/06 863 860 7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #