2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000102365

Entity Name: MULLIGAN RESTORATION, LLC

Current Principal Place of Business:

991 SOUTH STATE ROAD 7, 10A
PLANTATION, FL 33317

New Principal Place of Business:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

Current Mailing Address:

590 EAST LAKE DASHA DRIVE
PLANTATION, FL 33324

New Mailing Address:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

FEI Number: 54-2192966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLIGAN, MICHAEL J SR
991 SOUTH STATE ROAD 7, 10A
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

MULLIGAN, MICHAEL J SR
991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317 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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: MULLIGAN, MICHAEL J SR
Address: 590 EAST LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete
Name: MULLIGAN, MICHAEL J JR
Address: 590 EAST LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL J. MULLIGAN, SR. MR. 04/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date