

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90071 036 ****55.00

DOCUMENT # L05000102972						
1. Entity Name MULLINS CRANE, LLC						
Principal Place of Business 3302 ENTERPRISE ROAD FORT PIERCE, FL			Mailing Address 3302 ENTERPRISE ROAD FORT PIERCE, FL			
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 20-3612053		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LOGAN, DAVID 313 65TH TRAIL NORTH WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, MURRAY 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGEL, CLARENCE 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'LEARY, EDWARD 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, DAVID 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, ANDY 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUFFMAN, ERIC 313 65TH TRAIL NORTH WEST PALM BEACH, FL		<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 806, Florida Statutes.						
SIGNATURE: <i>Eric Luffman</i>			3/17/06 800-894-6047			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						