

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102972

Entity Name: MULLINS CRANE, LLC

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

3302 ENTERPRISE ROAD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

3302 ENTERPRISE ROAD  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 20-3612053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOGAN, DAVID  
313 65TH TRAIL NORTH  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOGAN, MURRAY  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

Title: MGRM ( ) Delete  
Name: VOGEL, CLARENCE  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

Title: MGRM ( ) Delete  
Name: O'LEARY, EDWARD  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

Title: MGRM ( ) Delete  
Name: LOGAN, DAVID  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

Title: MGRM ( ) Delete  
Name: LOGAN, ANDY  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

Title: MGRM ( ) Delete  
Name: LUFFMAN, ERIC  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ERIC LUFFMAN

MNGR

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date