2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000102972

Entity Name: MULLINS CRANE, LLC

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 ( )**

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 MGRM 01/15/2009

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