

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L06000063979	
1. Entity Name MEULLNER INVESTMENTS, LLC	
Principal Place of Business 137 HILLTOP DRIVE LAKE IN THE HILLS, IL 60156	Mailing Address 137 HILLTOP DRIVE LAKE IN THE HILLS, IL 60156 US



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL A. WADE III, P.A.
410 WEST MAIN STREET
SUITE B
LAKE BUTLER, FL 32054**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000875597
04/11/08-80039-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CULHANE, THOMAS A
STREET ADDRESS	137 HILLTOP DRIVE
CITY-ST-ZIP	LAKE IN THE HILLS, IL 60156

TITLE	MGRM
NAME	CULHANE, ANNE M
STREET ADDRESS	137 HILLTOP DRIVE
CITY-ST-ZIP	LAKE IN THE HILLS, IL 60156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: THOMAS A. CULHANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/08 (847)854-7529

Date

Daytime Phone #