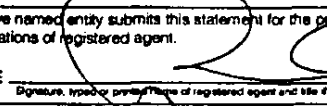


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/5

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-05-2007 90281 020 ****55.00

DOCUMENT # L06000109183					
1. Entity Name FULMER ASSOCIATES, LLC					
Principal Place of Business 11050 AUTUMN LANE CLERMONT, FL 34711 US			Mailing Address 11050 AUTUMN LANE CLERMONT, FL 34711 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-584 0241	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, KENNETH B ESQ. 1135 LOUISIANA AVENUE 100 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name PHILIP R. FULMER Street Address (P.O. Box Number is Not Acceptable) 3000 CHERRY LAKE ROAD City GROVELAND FL Zip Code 34736	
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  (NOTE: Registered Agent signature required when reappointing) DATE 2/19/07					
Filing Fee is \$50.00 Due by May 1, 2007		Philip Fulmer		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING-REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					