

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002226

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: MCNULTY & ASSOCIATES, LLC

## Current Principal Place of Business:

401 FREDERICA ST  
SUITE D-202  
OWENSBORO, KY 42301

## New Principal Place of Business:

4741 MEDLEY RD  
OWENSBORO, KY 42301

## Current Mailing Address:

401 FREDERICA ST  
SUITE D-202  
OWENSBORO, KY 42301

## New Mailing Address:

4741 MEDLEY RD  
OWENSBORO, KY 42301

FEI Number: 31-1498341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITCHENS, PAUL W  
6464 1ST AVENUE  
ST. PETERSBURG, FL 33710 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: MGR ( ) Delete  
Name: MCNULTY, DONNA  
Address: 401 FREDERICA ST STE D-202  
City-St-Zip: OWENSBORO, KY 42301

Title: MGR ( ) Delete  
Name: MCNULTY, PATRICK SR  
Address: 401 FREDERICA ST STE D-202  
City-St-Zip: OWENSBORO, KY 42301

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCNULTY, DONNA  
Address: 4741 MEDLEY RD  
City-St-Zip: OWENSBORO, KY 42301

Title: MGR (X) Change ( ) Addition  
Name: MCNULTY, PATRICK SR  
Address: 4741 MEDLEY RD  
City-St-Zip: OWENSBORO, KY 42301

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: PATRICK MCNULTY, SR

MGR

02/23/2009

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