

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003395

FILED
Jul 10, 2006
Secretary of State

Entity Name: MULLIN BROS. CONSTRUCTION, LLC

Current Principal Place of Business:

420 1ST ST.
VERO BEACH, FL 32962

New Principal Place of Business:

4290 OAK CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

420 1ST ST.
VERO BEACH, FL 32962

New Mailing Address:

4290 OAK CIRCLE
BOCA RATON, FL 33431

FEI Number: 34-1961303 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MULLIN, ROBERT A
420 1ST ST.
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

MULLIN, ROBERT A
4290 OAK CIRCLE
BOCA RATON, FL 33431 US

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: _____

07/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLIN, PAUL C
Address: 1300 E. 260TH ST.
City-St-Zip: EUCLID, OH

Title: MGRM () Delete
Name: MULLIN, ROBERT A
Address: 1300 E. 260TH ST.
City-St-Zip: EUCLID, OH

ADDITIONS/CHANGES:

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 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: ROBERT A. MULLIN

MGRM

07/10/2006

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