



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 125289		2. Exact name of the limited liability company MULLIGAN PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, OPERATION, MANAGEMENT, DEVELOPMENT AND LEASING OF REAL ESTATE.	
5. Principal office address 109 Airport Road		City Warwick	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael K. Glucksman, Esq.		Contact Title Registered Agent	
Street Address 109 Airport Road		City Warwick	State RI
		Zip 02889	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Lane Deyoe		Manager Name	
Street Address 4770 Bucida Road		Street Address	
City Boynton Beach	State FLA	City	State
	Zip 33436		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL K. GLUCKSMAN, ESQ.		Address	
Address 109 AIRPORT ROAD		City WARRENX WARWICK	Zip 02889

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	NOV 20 2007
By:	By [Signature]
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[Signature]
Signature of Authorized Person

Date

Lane Deyoe

11/15/2007

Print or Type Name of Authorized Person