

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000017

Entity Name: CONAILL HOLDINGS LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

610 CLEMDTIS
APT. 808
WEST PALM BEACH, FL 33401

New Principal Place of Business:

610 CLEMATIS
APT. 808
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 3917
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0799589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, PATRICK
179 LAKE ARBOR DRIVE
LAKE WORTH, FL 33461 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: O'CONNELL, PHIL
Address: PO BOX 3917
City-St-Zip: WEST PALM BEACH, FL 33402

Title: MGR () Delete
Name: O'CONNELL, PHIL
Address: PO BOX 3917
City-St-Zip: WEST PALM BEACH, FL 33402

Title: MGR () Delete
Name: O'CONNELL, LINDA
Address: 808 VPLAND RD.
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: O'CONNELL, LINDA
Address: 808 UPLAND RD.
City-St-Zip: WEST PALM BEACH, FL 33401

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: PHIL O'CONNELL

MGR

01/19/2009

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