


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000002017

1. Entity Name
GALLAGHER FAMILY L.L.C.



Principal Place of Business Mailing Address

C/O DANIEL C. GALLAGHER **C/O DANIEL C. GALLAGHER**
151 MCQUISTON **151 MCQUISTON**
BATTLE CREEK, MI 49015 **BATTLE CREEK, MI 49015**

DO NOT WRITE IN THIS SPACE



04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3499642	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, RONALD E
729-1 BOCA BAY DRIVE
BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, RONALD E 151 MCQUISTON BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, BETTY J 151 MCQUISTON BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, MICHAEL C 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, PATRICK N 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, DANIEL C 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, JOHN J 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015

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 05/12/06-80072-016 55.00

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: *R C Gallagher* *4-25-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #