2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L04000068344

Entity Name: GAFFNEY, GALLAGHER & PHILIP, LLC

Current Principal Place of Business:

6600 N.W. 16 ST.
SUITE 11
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6600 N.W. 16 ST.
SUITE 11
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 43-2063047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, CHARLES O JR
1300 NORTHWEST 167TH STREET, SUITE 3
MIAMI, FL 33169 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:	GAFFNEY, ROSS M	
Address:	SUITE 11, 6600 N.W. 16 ST.	
City-St-Zip:	PLANTATION, FL 33313	
Title:	MGR	( ) Delete
Name:	PHILIP, PAUL R	
Address:	SUITE 11, 6600 N.W. 16 ST.	
City-St-Zip:	PLANTATION, FL 33313	
Title:	MGR	( ) Delete
Name:	GALLAGHER, RODNEY	
Address:	SUITE 11, 6600 N.W. 16 ST.	
City-St-Zip:	PLANTATION, FL 33313	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROSS M GAFFNEY MGR 01/08/2007

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