

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004098

1. Entity Name
LIAM ENTERPRISES, INC.



Principal Place of Business
**% I.P. MORGAN DELAWARE
902 MARKET STREET
WILMINGTON, DE 19801**

Mailing Address
**125 WORTH AVENUE, SUITE 200
PALM BEACH, FL 33480**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0370807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
FLAHERTY, WILLIAM E
125 WORTH AVENUE, SUITE 200
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FERGUSON, JOHN J
66 FIELD POINT ROAD
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/23/06-80054-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, all mail after the empowered.

SIGNATURE: *Wm. Flaherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

564-832-7060

Daytime Phone #