2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # L0000000401 1. Entity Name MCGOVERN HOLDINGS, L.L.C.					01-20-2006	90051 035 ****5	0.00	
Principal Plac	e of Business	Mailing Address						
C/O WEBSTER & PARTNERS, P.L.		C/O WEBSTER & PARTNERS, P.L. 1936 Lee Rd. Suite 101						
1936 LEE RD. SUITE 101 Winter Park, Fl. 32789		WINTER PARK, FL 32789						
2 Principal P	lace of Ausiness	3. Mailing Address						
2. Principal Place of Business		3. Walling Address				ili anii neii enii enii nini nii	1111 HI 1151	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb			pplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Ad	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name an	Address of New F	<u> </u>		
W & P SERVICES, INC.			Name	Name				
1936 LEE	ROAD, SUITE 101 PARK, FL 32789		Street Address (P.O. Bo		er is Not Acceptabl	e)		
VVIIVI CIX I	AIN, 1 C 32708							
			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or r	registered agent, or bo	oth, in the State of FI	orida. I am familiar with	, and accept	
_	ions or registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Desire de la constant					
		1	Hegistered Agent signature	e required when reinstating)		DATE		
Fi D:	iling Fee is \$50.00 ue by May 1, 2006	we is expectate.	Hegistered Agent signature	e required when reinstating)		te check payable to a Department of Stat		
Fi D:	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		negstered Agent signature	a required when reinstating)		re check payable to a Department of Stat		
9. TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		10.	r required when reinstating)	Florid	re check payable to a Department of Stat	Addition	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.	required when reinstating)	Florid	te check payable to a Department of Stat /CHANGES		
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11. Thereby 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: Menton B. M. Hoven
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

13/06 - 407-341-109