


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 014 ****55.00

DOCUMENT # L00000004862 1. Entity Name MCGOVERN CAPITAL LLC	
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Principal Place of Business C/O MATTEIS & CHRISTOPHER, P.A. 29 S.E. FIFTH STREET BOCA RATON, FL 33432	Mailing Address C/O MATTEIS & CHRISTOPHER, P.A. 29 S.E. FIFTH STREET BOCA RATON, FL 33432
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02272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1028503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MATTEIS & CHRISTOPHER, P.A. 29 S.E. FIFTH STREET BOCA RATON, FL 33432
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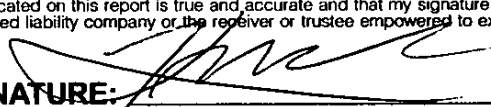
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCGOVERN, KEVIN 29 SE 5TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MATTEIS, JOHN J 29 SE 5TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	3/7/06 Date	561-241-4444 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		