# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L00000009300

1. Entity Name
KILLARNEY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 601 BAYSHORE BOULEVARD, SUITE 650<br>TAMPA, FL 33606 | 601 BAYSHORE BOULEVARD, SUITE 650<br>TAMPA, FL 33606 |

04142005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3667117
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FUNK, CHARLES B
601 BAYSHORE BOULEVARD, SUITE 650
TAMPA, FL 33606

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

**Filing Fee is $50.00**
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | FUNK, CHARLES B |
| STREET ADDRESS | 601 BAYSHORE BLVD. SUITE 650 |
| CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | MGR |
| NAME | MEEHAN, JEFFREY B |
| STREET ADDRESS | 601 BAYSHORE BLVD. SUITE 650 |
| CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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05/04/05-80137-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 22 Apr 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #