

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000584

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: MCHAGGIS, LLC

**Current Principal Place of Business:**

109 44TH AVENUE EAST  
SUITE 300  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

109 44TH AVENUE EAST  
SUITE 300  
BRADENTON, FL 34203

**New Mailing Address:**

FEI Number: 31-1751640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, LELAND M  
103 47TH ST. CT. NW  
BRADENTON, FL 34209 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 (X) Delete  
Name: WARRENDER, JAMES  
Address: 8612 53RD AVE. W.  
City-St-Zip: BRADENTON, FL 34210

Title: PT ( ) Delete  
Name: WALLACE, LELAND M  
Address: 103 47TH ST. CT. N W  
City-St-Zip: BRADENTON, FL 34209

Title: V ( ) Delete  
Name: WALLACE, KATHE M  
Address: 103 47TH ST. CT. N W  
City-St-Zip: BRADENTON, FL 34209

Title: MGR (X) Delete  
Name: WARRENDER, JULIE  
Address: 8612 53RD AVE. W  
City-St-Zip: BRADENTON, FL 34210

Title: V ( ) Delete  
Name: SERENA, HOWARD  
Address: 109 44TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34203

Title: CS ( ) Delete  
Name: BURISH, ROBERTA  
Address: 109 44TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34203

**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:

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: LELAND M. WALLACE

PT

03/21/2006

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