2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001797

1. Entity Name O'BRIEN CENTRE, LLC



FILED Mar 08, 2006 08:00 AM **Secretary of State**

Principal Place of Business

303 BLUE LAKE RD.

BLUE MOUNTAIN BEACH, FL 32459

Malling Address

P.O. BOX 2115

SANTA ROSA BEACH, FL 32459



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3716699 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, EDWARD JOHN JR. 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459

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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 Fiorida. I am familiar with, and econy the obligations of registered agent.

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

(NOTE: Registered Agent signature required when remaining)

DATE

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

9,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, EDWARD JOHN JR. 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM O'BRIEN, ELIZABETH R 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Title Name Street Address City-St-Zip	
TITLE NAME STREET ADDRESS GITY-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 informatic 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 thimsted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Edward Jan O'Brien It

3/2/06

850-267-944