

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90182 017 \*\*\*\*50.00

DOCUMENT # L01000003637

1. Entity Name  
MCTERNAN, L.L.C.



00023284



Principal Place of Business  
17045 MARINA COVE LANE  
FT MYERS, FL 33908

Mailing Address  
17045 MARINA COVE LANE  
FT MYERS, FL 33908

2. Principal Place of Business  
380 South 10<sup>th</sup> Street

3. Mailing Address  
380 South 10<sup>th</sup> Street

Suite, Apt. #, etc.  
Unit 204

Suite, Apt. #, etc.  
Unit 204

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip  
34102

Country  
USA

Zip  
34102

Country  
USA

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
65-1083996

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GRAVINA, PETER J ESQ.  
1833 HENDRY ST.  
FT MYERS, FL 33901

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
MCTERNAN, BRIAN ☐ Delete  
STREET ADDRESS  
17045 MARINA COVE LANE  
CITY-ST-ZIP  
FT MYERS, FL 33908

TITLE  
NAME  
MGR  
BRIAN MCTERNAN FAMILY TRUST ☐ Delete  
STREET ADDRESS  
17045 MARINA COVE LANE  
CITY-ST-ZIP  
FT MYERS, FL 33908

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
303 South 10<sup>th</sup> Street, Unit 204, Address ONLY  
NAPLES, FL 34102 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
308 South 10<sup>th</sup> Street, Unit 204, Address ONLY  
NAPLES, FL 34102 ☒ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/25/06

847-323-5880