


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006501 1. Entity Name BRENDA AND MICHAEL GAFFNEY, LLC	
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Principal Place of Business 1 PLEASANT VALLEY LANE WESTPORT, CT 06880	Mailing Address 1 PLEASANT VALLEY LANE WESTPORT, CT 06880
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1095877	Applied For <input type="checkbox"/> 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

**SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000094534
03/22/04-80063-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAFFNEY, MICHAEL J 1 PLEASANT VALLEY LANE WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAFFNEY, BRENDA M 1 PLEASANT VALLEY LANE WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Brenda M Gaffney Brenda Gaffney 3/16/04 203-222-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #