

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002681

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: CAHILL'S MORTORSPTS, LLC

**Current Principal Place of Business:**

8820 GALL BLVD.  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

8820 GALL BLVD.  
ZEPHYRHILLS, FL 335417408 US

**New Mailing Address:**

FEI Number: 02-0552399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIDGEWAY, DANIEL L  
8820 GALL BLVD.  
ZEPHYRHILLS, FL 33541 US

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

RIDGEWAY, DANIEL L  
19501 PINE VALLEY DR  
ODESSA, FL 33556 US

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:

01/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIDGEWAY, LINDA L  
Address: 8820 GALL BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGRM ( ) Delete  
Name: RIDGEWAY, DANIEL L  
Address: 8820 GALL BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIDGEWAY, LINDA L  
Address: 19501 PINE VALLEY DR  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM (X) Change ( ) Addition  
Name: RIDGEWAY, DANIEL L  
Address: 19501 PINE VALLEY DR  
City-St-Zip: ODESSA, FL 33556 US

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: LINDA L. RIDGEWAY

MGRM

01/04/2006

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