

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004348

Entity Name: KERRIGAN & MERRITT, LLC

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

225 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

## New Principal Place of Business:

939 JENKS AVENUE  
PANAMA CITY, FL 32401

## Current Mailing Address:

225 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

## New Mailing Address:

939 JENKS AVENUE  
PANAMA CITY, FL 32401

FEI Number: 38-3643734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KERRIGAN, DIANE Y  
225 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

KERRIGAN, DIANE Y  
939 JENKS AVENUE  
PANAMA CITY, FL 32401 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:

01/04/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KERRIGAN, DIANE Y  
Address: 558 WEST RIVER ROAD  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MGRM ( ) Delete  
Name: MERRITT, THOMAS A  
Address: 905 W 26TH STREET, APT 98  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: DIANE KERRIGAN

MGRM

01/04/2005

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