

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006317

FILED
Feb 03, 2009
Secretary of State

Entity Name: O'DANNYBOR, LLC

Current Principal Place of Business:

344 INNER HARBOUR CIRCLE
TAMPA, FL 33602

New Principal Place of Business:

610 SOUTH ROME AVENUE
SUITE 604
TAMPA, FL 33606

Current Mailing Address:

344 INNER HARBOUR CIRCLE
TAMPA, FL 33602

New Mailing Address:

610 SOUTH ROME AVENUE
SUITE 604
TAMPA, FL 33606

FEI Number: 04-3660074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, DANIEL E MGRM
344 INNER HARBOUR CIRCLE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

O'CONNELL, DANIEL E MGRM
610 SOUTH ROME AVENUE
SUITE 604
TAMPA, FL 33606 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:

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'CONNELL, DANIEL
Address: 344 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: MAHONEY, DANIEL J III
Address: 2208 E. 3RD AVE
City-St-Zip: TAMPA, FL 336055406

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'CONNELL, DANIEL
Address: 610 SOUTH ROME AVENUE
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL O'CONNELL

MR.

02/03/2009

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