

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006632**

1. Entity Name  
**O'CONNOR ENTERPRISES OF SOUTH FLORIDA, LLC**



Principal Place of Business

**305 NW EMILIA WAY  
JENSEN BEACH, FL 34957**

Mailing Address

**305 NW EMILIA WAY  
JENSEN BEACH, FL 34957**



04072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3031847**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**O'CONNOR, MICHAEL D  
305 NW EMILIA WAY  
JENSEN BEACH, FL 34957**

**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

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**

1101000505772  
04/26/06-80130-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
O'CONNOR, MICHAEL D  
305 NW EMILIA WAY  
JENSEN BEACH, FL 34957**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
O'CONNOR, CINDY L  
305 NW EMILIA WAY  
JENSEN BEACH, FL 34957**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Michael D. O'Connor* **Michael D. O'Connor**

**4/11/06**

**(772) 486-6855**

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

Date

Daytime Phone #