

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008971

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** JOHN A. MEHAFFEY FAMILY, L.L.C.

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD #400 N  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

2924 DAVIE ROAD  
SUITE 200  
DAVIE, FL 33314

**Current Mailing Address:**

PO BOX 2956  
NAPLES, FL 34106

**New Mailing Address:**

**FEI Number:** 54-2066327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUSHNER, LES S  
4000 HOLLYWOOD BLVD.  
SUITE 400 N.  
HOLLYWOOD, FL 33021 US

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

KUSHNER, LES S  
2924 DAVIE ROAD  
SUITE 200  
DAVIE, FL 33314 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: LES S. KUSHNER

02/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEHAFFEY, JOHN A  
Address: PO DRAWER 2956  
City-St-Zip: NAPLES, FL 34106

**ADDITIONS/CHANGES:**

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 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: JOHN A. MEHAFFEY

M

02/21/2006

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