

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019394

Entity Name: THE MCCLOSKEY GROUP, LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

5724 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5724 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 13-4205651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLOSKEY, JENNIFER
5724 RIVIERA DRIVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCLOSKEY, JENNIFER MGRM
Address: 5724 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: MCCLOSKEY, JOSEPH MGR
Address: 5724 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: MCCLOSKEY, LOUDES MGRM
Address: 5724 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MCCLOSKEY, LOURDES MGRM
Address: 5724 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

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: JENNIFER MCCLOSKEY

MGRM

01/14/2005

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