

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000030516**

1. Entity Name  
**CHICKADEE GROUP, LLC**  
SARASOTA, FL 34241  
SARASOTA, FL 34241



Principal Place of Business Mailing Address  
**4714 ELDER BERRY DRIVE 4714 ELDER BERRY DRIVE**  
**SARASOTA, FL 34241 SARASOTA, FL 34241**  
Date of Preparation 07/18/06  
Filing Fee \$50.00



07142006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**-57-1140474**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SILBERSTEIN, DAVID M**  
**720 SOUTH ORANGE AVENUE**  
**SARASOTA, FL 34236**

**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 \_\_\_\_\_ U000000570956  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE 07/18/06-80018-004.55.00

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS: (List all)**

TITLE	MGR
NAME	SWEENEY, THOMAS M
STREET ADDRESS	4714 ELDER BERRY DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	MGR
NAME	SWEENEY, MARIA E
STREET ADDRESS	4714 ELDER BERRY DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
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:** *Maria E Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

7-12-06 941-371-0195  
Date Daytime Phone #