


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003233 1. Entity Name RYAN & RYAN, LLC	
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Principal Place of Business 700 EAST DANIA BEACH BLVD. DANIA BEACH, FL	Mailing Address 700 EAST DANIA BEACH BLVD. DANIA BEACH, FL
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01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3874565	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RYAN, TIMOTHY M
700 EAST DANIA BEACH BLVD.
DANIA BEACH, FL**

**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 file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

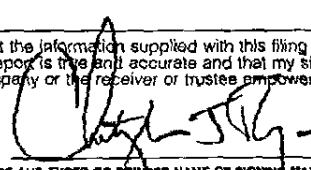
1100000496355
04/22/06-80012-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, CHRISTOPHER J 700 EAST DANIA BEACH BLVD. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, ARCHIE J III 700 EAST DANIA BEACH BLVD. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, TIMOTHY M 700 EAST DANIA BEACH BLVD. DANIA, FL 33004
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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:  **MANAGING MEMBER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06 **954-920-2921**
Date Daytime Phone #