2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008314

1. Entity Name

FLANIGAN & CULLIFER L.L.C.



Principal Place of Business

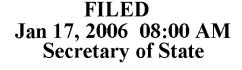
400 S. US HIGHWAY ONE

SUITE #4 JUPITER, FL 33477 Mailing Address

400 S. US HIGHWAY ONE

SUITE #4

JUPITER, FL 33477





DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1 176986 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIRVIN, D.R. ESQ OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD, STE. 102 JUPITER, FL 33477

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8. The about the oblig	re named entity submits this statement for the purpose of c ations of registered agent.	hanging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	nt
SIGNATURE	Signature, typed or printed name of registered agent and fille if applicable.	(NOTE. Registered Apent signature required when reinstaling)	DATE	
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Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGRM CULLIFER, RICHARD H
STREET ADDRESS CITY-S7-ZIP	400 S. US HIGHWAY ONE, SUITE #4 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANIGAN, PAUL 145 SW 10TH ST. FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

U00000388697 01/20/06-80016-006 50.00

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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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Fr 1

561-748-58

Daytime Phone #