

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012913

FILED
Jan 25, 2007
Secretary of State

Entity Name: O'MALLEY INVESTIGATIVE AGENCY, L.L.C.

Current Principal Place of Business:

7265 A1A SOUTH, D-10
ST AUGUSTINE, FL 32080

New Principal Place of Business:

7265 A1A SOUTH
D-10
ST AUGUSTINE, FL 32080

Current Mailing Address:

7265 A1A SOUTH, D-10
ST AUGUSTINE, FL 32080

New Mailing Address:

7265 A1A SOUTH
D-10
ST AUGUSTINE, FL 32080

FEI Number: 59-3374893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'MALLEY, JOHN J
7265 A1A SOUTH, D-10
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

O'MALLEY, JOHN J
7265 A1A SOUTH
D-10
ST AUGUSTINE, FL 32080 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: VERONICA O'MALLEY

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'MALLEY, JOHN J PARTNER
Address: 7265 A1A SOUTH, D-10
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR () Delete
Name: O'MALLEY, VERONICA T PARTNER
Address: 7265 A1A SOUTH, D-10
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

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

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: VERONICA O'MALLEY

MGR

01/25/2007

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