

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026080

FILED
Apr 25, 2006
Secretary of State

Entity Name: CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.

Current Principal Place of Business:

7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-0103994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGOLIS, GARY J
7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024 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/MANAGERS:

Title: MGR () Delete
Name: GLASSMAN, GARY L
Address: 7369 SHERIDAN STREET - SUITE 201
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR () Delete
Name: MARGOLIS, GARY J
Address: 7369 SHERIDAN STREET - SUITE 201
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR () Delete
Name: CALLAGHAN, ELIZABETH A
Address: 7369 SHERIDAN STREET - SUITE 201
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

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

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: GARY MARGOLIS

MGR

04/25/2006

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