# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000030506

1. Entity Name
**MCHALE & ASSOCIATES LLC**

| Principal Place of Business | Malling Address |
|---|---|
| 9185 PINNACLE CT. NAPLES, FL 34113 | 9185 PINNACLE CT. NAPLES, FL 34113 |

## DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 14-1892988 | | Not Applicable |

5. Certificate of Status Desired ☐    **$5.00** Additional Fee Required

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

MCHALE, ROBYN
9185 PINNACLE CT
NAPLES, FL 34113

## 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 title if applicable        (NOTE. Registered Agent signature required when reinstating)        DATE

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

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00000515965
04/29/06-80229-022 50.00
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| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGRM | |
| NAME | MCHALE, ROBYN | |
| STREET ADDRESS | 9185 PINNACLE CT. | |
| CITY-ST-ZIP | NAPLES, FL 34113 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
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| 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: X _____    X 4/5/06    (239) X 352-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #