# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2006 08:00 AM**
**Secretary of State**

**DOCUMENT # L03000050521**

1. Entity Name
T.M. TOOHEY, GENERAL CONTRACTOR LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3125 BARRETT AVE<br>NAPLES, FL 34112 | PO BOX 10488<br>NAPLES, FL 34101 |

DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0472415
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOOHEY, THOMAS M
3125 BARRETT AVE
NAPLES, FL 34112

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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: Thomas M Toohey THOMAS M TOOHEY MGR. 1/12/06
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**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | TOOHEY, THOMAS M |
| STREET ADDRESS | 3125 BARRETT AVE |
| CITY-ST-ZIP | NAPLES, FL 34112 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |

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

**SIGNATURE:** Thomas M Toohey THOMAS M. TOOHEY 1/12/06 239-774-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #