


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055723</b>		
1. Entity Name <b>GANNON FAMILY COMPANY, LLC</b>		
Principal Place of Business	Mailing Address	
<b>1690 SW 2ND AVENUE BOCA RATON, FL 33432 US</b>	<b>1690 SW 2ND AVENUE BOCA RATON, FL 33432 US</b>	



05052005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>92-0186455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>GANNON, MARY ELLEN 1690 SW 2ND AVENUE BOCA RATON, FL 33432</b>	<b>DO NOT WRITE IN THIS SPACE</b>

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GANNON, MARY ELLEN 1690 SW 2ND AVENUE BOCA RATON, FL 33432</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #

**MARY ELLEN GANNON**

**3-19-05**