

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90017 019 ****50.00

DOCUMENT # L04000011894

1. Entity Name

MICHAEL F. MCCANN L.L.C.



Principal Place of Business

8513 CROSSWINDS DRIVE
ST. AUGUSTINE FL 32092

Mailing Address

8513 CROSSWINDS DRIVE
ST. AUGUSTINE FL 32092



2. Principal Place of Business

Florida

3. Mailing Address

8513 Crosswinds Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

St. Augustine, FL

4. FEI Number

59-2568034

Applied For

Not Applicable

Zip

32092

Country

St. Johns

Zip

32092

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCANN, MICHAEL F
8513 CROSSWINDS DRIVE
ST. AUGUSTINE FL 32092

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MCCANN, MARY K
STREET ADDRESS 8513 CROSSWINDS DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MCCANN, MICHELLE E
STREET ADDRESS 1990 ATLANTIC BLVD., APT. B-286
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

05/01/06

Date

Daytime Phone #