


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90021 024 \*\*\*\*50.00

**DOCUMENT # L04000017606**

1. Entity Name  
**GALVIN ENTERPRISES L.L.C.**



Principal Place of Business <b>2751 MOODY BLVD          FLAGLER BEACH, FL 32136</b>	Mailing Address <b>P.O. BOX 350734          PALM COAST, FL 32135</b>
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04062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>30-0216395</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

**CAVALIERE, PETER  
 4 CENTER PLACE  
 PALM COAST, FL 32317**

**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 *Peter Cavaliere* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reissuing)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALVIN, DALE C 4 ROCKING HORSE DR. PALM COAST, FL 32164
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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: *Dale C. Galvin* Date 4-21-06

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