


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000030182</b>	
1. Entity Name <b>KILLILEA PROPERTIES LLC</b>	

Principal Place of Business <b>13800 SW 16TH ST DAVIE, FL 33325</b>	Mailing Address <b>13800 SW 16TH ST DAVIE, FL 33325</b>
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number <b>01-0812289</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KILLILEA, KEVIN M 13800 SW 16TH ST DAVIE, FL 33325</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLILEA, KEVIN M 13800 SW 16TH ST DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLILEA, ELIZABETH G 13800 SW 16TH ST DAVIE, FL 33325
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03/15/06-80029-024 50.00

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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: KEVIN M. KILLILEA** *Kevin M. Killilea* **1 Mar 06 (954) 693-3515**

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