

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033239 1. Entity Name CAUSEWAY ACQUISITIONS, LLC					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 35-2255726	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐	
6. Name and Address of Current Registered Agent KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent 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 _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KEARNEY, BARRY 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HAUGLAND, SCOTT 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete			
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: _____ 4/12/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					