


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039041	
1. Entity Name J.A. MAHONEY, LLC	

Principal Place of Business 404 IRIS STREET CELEBRATION, FL 34747	Mailing Address 404 IRIS STREET CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE

FILED
06 MAY 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3718125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND, FL 32751

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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 *Jonathan W Shirley* *Jonathan W Shirley* *6/26/06*
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 May 1, 2006**

400075547164
05/31/06--01010--013 **1700.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, JAMES A 404 IRIS STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/31/22</i>
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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: *James A Mahoney Manager* *4/25-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #