

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049167

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** CATHERINE CONNELLY SHARIF, ATTORNEY AT LAW, LLC

**Current Principal Place of Business:**

1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

2340 STANFORD COURT  
NAPLES, FL 34112

**Current Mailing Address:**

1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

**New Mailing Address:**

2340 STANFORD COURT  
NAPLES, FL 34112

**FEI Number:** 37-1492246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARIF, CATHERINE C  
1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

SHARIF, CATHERINE C  
2340 STANFORD COURT  
NAPLES, FL 34112 US

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.

SIGNATURE:

03/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHARIF, CATHERINE C  
Address: 1100 FIFTH AVENUE SOUTH, SUITE 201  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHARIF, CATHERINE C  
Address: 2340 STANFORD COURT  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE C. SHARIF

MGR

03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date