

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054896

Entity Name: EDWARD MCCABE, LLC

FILED  
Feb 22, 2006  
Secretary of State

**Current Principal Place of Business:**

2355 LINTON RIDGE CIRCLE F11  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

2355 LINTON RIDGE CIRCLE F11  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 75-3161880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCABE, EDWARD  
2355 LINTON RIDGE CIRCLE F11  
DELRAY BEACH, FL 33444 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCABE, EDWARD  
Address: 2355 LINTON RIDGE CIRCLE F11  
City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MCCABE, EDWARD  
Address: 2355 LINTON RIDGE CIRCLE F-11  
City-St-Zip: DELRAY BEACH, FL 33444

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: EDWARD MCCABE

MGRM

02/22/2006

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