


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000055142**

1. Entity Name  
**BYRD WALSH INTERNATIONAL, LLC**



Principal Place of Business  
**340 SUNSET DRIVE, SUITE 1405  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**340 SUNSET DRIVE, SUITE 1405  
FORT LAUDERDALE, FL 33301**



01232006No Chg-LLC CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0516829**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CANTWELL, JOHN W  
340 SUNSET DRIVE, SUITE 1405  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

000000401491  
02/02/06-80047-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANTWELL, JOHN W 340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANTWELL, EVELYNA D 340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE  
IN THIS SPACE**

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: John W. Cantwell Jan. 23, 2006 954-467-3405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #