
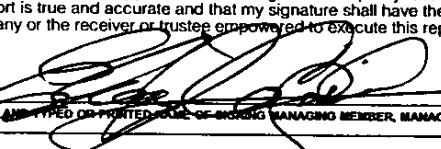


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90180 021 ****50.00

DOCUMENT # L04000057513 1. Entity Name CASSIDY COMMUNICATIONS & DEVELOPMENT, LLC					
Principal Place of Business 6691 SOUTHWELL DRIVE FORT MYERS, FL 33912 US			Mailing Address 6691 SOUTHWELL DRIVE FORT MYERS, FL 33912 US		
2. Principal Place of Business 5346 Chippendale Circle <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5346 Chippendale Circle <small>Suite, Apt. #, etc.</small>			
City & State Fort Myers, FL Zip 33919		City & State Fort Myers, FL Zip 33919		4. FEI Number 20-1515102	
Country U.S.A.		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03282006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CASSIDY, EDWARD J IV 6691 SOUTHWELL DRIVE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Cassidy, IV, Edward J. Street Address (P.O. Box Number is Not Acceptable) 5346 Chippendale Circle City Fort Myers FL Zip Code 33919		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 CASSIDY, EDWARD J IV 6691 SOUTHWELL DRIVE FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cassidy, IV, Edward J. 5346 Chippendale Circle Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			28 March 2006 239-849-1033		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		