

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058820

Entity Name: M.J. FITZGERALD, LLC

FILED  
Jul 10, 2005  
Secretary of State

**Current Principal Place of Business:**

3623 BONNAIRE COURT  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

3623 BONAIRE COURT  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

3623 BONNAIRE COURT  
PUNTA GORDA, FL 33950

**New Mailing Address:**

3623 BONAIRE COURT  
PUNTA GORDA, FL 33950

FEI Number: 20-1566043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FITZGERALD, MICHAEL J  
3623 BONNAIRE COURT  
PUNTA GORDA, FL 33950      US

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

FITZGERALD, MICHAEL J  
3623 BONAIRE COURT  
PUNTA GORDA, FL 33950      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: \_\_\_\_\_

07/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FITZGERALD, MICHAEL J  
Address: 3623 BONNAIRE COURT  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J FITZGERALD

MGRM

07/10/2005

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