

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074974

1. Entity Name
KAVANAGH & MORRISSEY, LLC



Principal Place of Business
**1280 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Mailing Address
**1280 S. PINE ISLAND ROAD
PLANTATION, FL 33324**



05012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2537696

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAVANAGH, PATRICK J
1280 S. PINE ISLAND RD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000561443
05/19/06-80012-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KAVANAGH, PATRICK J
STREET ADDRESS	590 WESTCHESTER STREET
CITY-STATE-ZIP	LONG BEACH, NY 11561
TITLE	MGR
NAME	MORRISSEY, MARTIN P
STREET ADDRESS	2022 NE 31 STREET
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #