


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082206 1. Entity Name THE IRVIN GROUP LC	
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Principal Place of Business 1666 OSPREY AVENUE #202 NAPLES, FL 34102	Mailing Address P.O. BOX 11958 NAPLES, FL 34101
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4564099	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTHMAN, AUDREY 1666 OSPREY AVE 202 NAPLES, FL 34102
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**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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.


Filing Fee is \$50.00
Due by September 6, 2006

U000000573159
08/02/06-80004-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRVIN, SHERRY H P.O. BOX 11958 NAPLES, FL 34101
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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:  **7/26/06 239-825-2784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #