


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90014 023 ****50.00

DOCUMENT # L04000087789

1. Entity Name
O'LEARY DAILY MONEY MANAGEMENT, LLC



Principal Place of Business Mailing Address
2165 SEA MIST COURT **2165 SEA MIST COURT**
VERO BEACH FL 32963 **VERO BEACH FL 32963**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3792529

Applied For
 Not Applicable

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



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

O'LEARY, MIGDALIA
2165 SEA MIST COURT
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Migdalía O'Leary DATE 2/26/2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

| | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'LEARY, MIGDALIA 2165 SEA MIST COURT VERO BEACH FL 32963 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Migdalía O'Leary DATE: 2/26/05 DAYTIME PHONE: 772-492-5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #