

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90041 037 ****55.00

20013964



01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1816143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME POUNCH, JAMES
STREET ADDRESS 32 BROADFIELD VIEW
CITY-ST-ZIP NAAS CO. KILDARE, IRELAND,

TITLE MGRM ☐ Delete
NAME CORCORAN, DANIEL
STREET ADDRESS 11 ROCKFIELD CLOSES
CITY-ST-ZIP MAYNOOTH CO. KILDARE, IRELAND,

TITLE MGRM ☐ Delete
NAME LEVINS, HUGH
STREET ADDRESS RUSLAND
CITY-ST-ZIP ASFORD CO. WICKLOW IRELAND,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Hugh Levins 07-02-06

ATTACHMENT

20013969

Division of Corporations
P.O.Box 6478
Tallahassee
Florida 32314
U.S.A.

24th February 2006

**RE: ~ 2006 Limited Liability Company Annual Report
CR2E083 (11/05)**

Dear Sir or Madam:

I enclose for your attention completed annual Report - Document #L04000089803 and cheque in amount \$55.00 (additional fee for certificate included).

Trust that this is to your satisfaction.

Yours sincerely,

pp hugh levins
Hugh Levins

LAI.164