2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
03-21-2006 90296 006 ****50.00

DOCUMENT # L05000004083

1. Entity Name

MARGHERITA DOWNEY L.L.C.

Principal Place of Business	Mailing Address
1375 GATEWAY BLVD BOYNTON BEACH FL 33426	PO 1188 W PALM BEACH FL 33402

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
9777 NICKELS BLVD		9777 Nickels Blvd	
Suite, Apt. #, etc.: #701		Suite, Apt. #, etc.: #701	
City & State: BOYNTON BEACH FL		City & State: Boynton Beach FL	
Zip: 33436	Country: USA	Zip: 33436	Country: USA

4. FEI Number: 20-2075815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOWNEY, MARGHERITA 1375 GATEWAY BLVD. BOYNTON BEACH.FL 33425	Name: Margherita Downey Street Address (P.O. Box Number is Not Acceptable): 9777 NICKELS BLVD #701 City: Boynton Beach FL Zip Code: 33436

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: Margherita Downey 2/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DOWNEY, MARGHERITA		NAME		
STREET ADDRESS	1375 GATEWAY BLVD		STREET ADDRESS	9777 Nickels Blvd #701	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margherita Downey 2/26/06 (561) 707-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #