2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004698

Name:

Address:

City-St-Zip:

16650 MCGREGOR BLVD., STE. 103

FORT MYERS, FL 33908 US

Entity Name: M. KEOHANE FAMILY, LLC

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16650 MCGREGOR BLVD. #103 FORT MYERS, FL 33908 US **Current Mailing Address: New Mailing Address:** 16650 MCGREGOR BLVD. #103 FORT MYERS, FL 33908 US FEI Number: 25-1907769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEOHANE, MARIE 16650 MCGREGOR BLVD. #103 FORT MYERS, FL 33908 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KEOHANE, MARIE Name: Name: Address: 16650 MCGREGOR BLVD., STE. 103 Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: KEOHANE, MARK W Name: KEOHANE, KIMBERLY J Address: 16650 MCGREGOR BLVD., STE, 103 Address: 16650 MCGREGOR BLVD., STE, 103 City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FORT MYERS, FL 33908 US Title: MGRM (X) Delete Title: () Change () Addition KEOHANE, EDWARD L Name: Name: 16650 MCGREGOR BLVD., STE. 103 Address: Address: City-St-Zip: FORT MYERS, FL 33908 FL City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition KEOHANE, KIMBERLY J

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIE KEOHANE 03/07/2006