


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90023 039 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000032099	
1. Entity Name <b>KEVIN P. MARKEY, P.L.</b>	

Principal Place of Business <b>125 E. MERRITT ISLAND CSEWAY, STE. 209 #307 MERRITT ISLAND, FL 32952</b>	Mailing Address <b>125 E. MERRITT ISLAND CSEWAY, STE. 209 #307 MERRITT ISLAND, FL 32952</b>
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**20035562**

2. Principal Place of Business <b>96 Willard Street Suite, Apt. #, etc. Suite 106 City &amp; State Cocoa, FL Zip 32922</b>	Country <b>USA</b>	3. Mailing Address <b>96 Willard Street Suite, Apt. #, etc. Suite 106 City &amp; State Cocoa, FL Zip 32922</b>	Country <b>USA</b>
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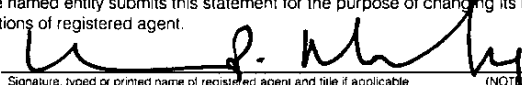


04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2679162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MARKEY, KEVIN P 125 E. MERRITT ISLAND CSEWAY, STE. 209 #307 MERRITT ISLAND, FL 32952</b>	7. Name and Address of New Registered Agent Name <b>Kevin P. Markey</b> Street Address (P.O. Box Number is Not Acceptable) <b>96 Willard Street Suite 106</b> City <b>Cocoa</b> FL Zip Code <b>32922</b>
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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.

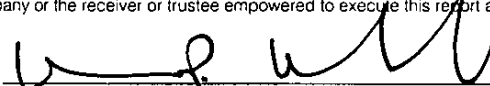
SIGNATURE  DATE **4/21/06**

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

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/21/06** (321) 631-0758

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