


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90359 025 \*\*\*\*50.00

<b>DOCUMENT # L05000040877</b>				
1. Entity Name <b>MICHAEL J. LEAHY, LLC</b>				
Principal Place of Business <b>1831 HIGHWAY A1A SUITE 3402 INDIAN HARBOUR BEACH, FL 32937 US</b>		Mailing Address <b>1831 HIGHWAY A1A SUITE 3402 INDIAN HARBOUR BEACH, FL 32937 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>LEAHY, MICHAEL J 1831 HIGHWAY A1A SUITE 3402 INDIAN HARBOUR BEACH, FL 32937</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAHY, MICHAEL J	NAME		
STREET ADDRESS	1831 HIGHWAY A1A, SUITE 3402	STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAHY, KATHLEEN J	NAME		
STREET ADDRESS	1831 HIGHWAY A1A, SUITE 3402	STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAHY, JOHN P	NAME		
STREET ADDRESS	1831 HIGHWAY A1A, SUITE 3402	STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	<b>MGR LEAHY, Patrice A</b>	
STREET ADDRESS		STREET ADDRESS	<b>1831 HIGHWAY A1A</b>	
CITY-ST-ZIP		CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.				
<b>SIGNATURE:</b> 		Date: <b>4/20/07</b> Daytime Phone #: <b>321-773-4525</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				