2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

	71111471	- 1421 - 0141			04-24-2006	90040 039 ****50	00 (
DOCUMENT # L05000043918 1. Entity Name DWYER OF FLORIDA, LLC					£UUJ3VVV			
Principal Place of Business Mailing Address				Ì				
	MACHER PARK DRIVE Ter, oh 45069	6083 SCHUMACHER PAR WEST CHESTER, OH 450						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		022120	06 Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI NU 20 -	mber 3060091		oplied For ot Applicable	
Zip	Country	Zip	Zip Country		cate of Status Desired	\$5.00 Add		
6. Name and Address of Current Registered Agent				7. Name	and Address of New R	egistered Agent		
DVAVED DDIAN			Name					
DWYER, BRIAN 252 N.W. 35TH STREET			Street A	ddress (P.O. Box Nu	ımber is Not Acceptable	a)		
BOCA RA	TON, FL 33431							
			City		-	FL Zip Cod	9	
	e named entity submits this statement for	or the purpose of changing its re	egistered office o	r registered agent, o	r both, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE	1 PV	na :			4/12	66		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent algne	ture required when reinstating) // 5	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2006					e check payable to Department of State	B	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR DWYER, B 6083 SCHI WEST CH	RIAN IMACHER PA ESTER, OH	□ Change RK DRIVE 45069	Addition	
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TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/0C

Daytime Phone #