

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-27-2006 90051 041 ****55.00

3000337



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000049741
 1. Entity Name
O'BRIEN INNOVATIONS AND ENTERPRISE, LLC



Principal Place of Business Mailing Address
 9138 MCDUGAL COURT 9138 MCDUGAL COURT
 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CURTIN, JEANNE B ESQ.
207 W. PARK AVE., SUITE B
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, CHRIS R 9138 MCDUGAL COURT TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Chris R. O'Brien **Chris R. O'Brien** 3/17/06 850-212-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE