


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

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DOCUMENT # L05000051423					
1. Entity Name L.H. MAHONEY, LLC					
Principal Place of Business 1269 FINLAND DRIVE SPRING HILL, FL 34609			Mailing Address 1269 FINLAND DRIVE SPRING HILL, FL 34609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFL Number 20-2955813	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GILMORE, DAVID C 7620 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Michael A Mahoney Street Address (P.O. Box Number is Not Acceptable) 1269 Finland Dr City Springhill FL FL 34609	
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 Michael A Mahoney Michael A Mahoney 1/6/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
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 type="checkbox"/> Addition		
		MGR Michael A Mahoney 1269 Finland Dr Springhill FL 34609			
		MGR Pamela S. Mahoney 1269 Finland Dr Springhill FL 34609			
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: Michael A Mahoney Michael A Mahoney 1/6/06 352 6869465 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					