

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064284

Entity Name: MICHAEL PATRICK "LLC"

**FILED**  
**Jul 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2010 CROSSCREEK CT  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

2010 CROSSCREEK CT  
OVIEDO, FL 32766

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PATRICK, MICHAEL W  
2010 CROSSCREEK CT  
OVIEDO, FL 32766 US

**Name and Address of New Registered Agent:**

PATRICK, MICHAEL W OWNER  
2010 CROSSCREEK CT  
OVIEDO, FL 32766 US

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.

SIGNATURE: MICHAEL W. PATRICK

07/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATRICK, MICHAEL W  
Address: 2010 CROSSCREEK CT  
City-St-Zip: OVIEDO, FL 32766

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 W. PATRICK

MGRM

07/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date