

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071778

Entity Name: 17510 O'HARA DRIVE, LLC

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

60 S. GULF BLVD.  
ENGLEWOOD, FL 34224

## New Principal Place of Business:

## Current Mailing Address:

C/O MICHAEL MALOY  
PO BOX 490  
PLACIDA, FL 33946

## New Mailing Address:

FEI Number: 20-3184302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALOY, MICHAEL K  
60 S. GULF BLVD.  
ENGLEWOOD, FL 34224 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MALOY, MICHAEL K  
Address: 60 S. GULF BLVD.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM ( ) Delete  
Name: BISHOP, MICHAEL R  
Address: 7 SCHERMERSHORN RD.  
City-St-Zip: COHOES, NY 12047

Title: MGRM ( ) Delete  
Name: FRAMENT, ARTHUR F  
Address: 60 SPICE MILL BLVD.  
City-St-Zip: CLIFTON PARK, NY 12065

## ADDITIONS/CHANGES:

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

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

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 K MALOY

MGR

01/06/2006

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