

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-06-2006 90204 050 ****50.00

DOCUMENT # L05000072120					
1. Entity Name O'DONNELL HOLDINGS LLC					
Principal Place of Business 3300 CORPORATE AVENUE WESTON, FL 33331			Mailing Address 3300 CORPORATE AVENUE WESTON, FL 33331		
2. Principal Place of Business 1495 NORTH PARK DRIVE Suite, Apt. #, etc.		3. Mailing Address 1495 NORTH PARK DRIVE Suite, Apt. #, etc.			
City & State Weston FL		City & State Weston FL		4. FEI Number	
Zip 33326 Country USA		Zip 33326 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, LINDA J. 3300 CORPORATE AVENUE 1495 NORTH PARK DR WESTON, FL 33331 33326					
7. Name and Address of New Registered Agent					
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 _____ (NOTE: Registered Agent signature required when re/renoting)					
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	LINDA J O'DONNELL <input type="checkbox"/> Delete 1495 NORTH PARK DRIVE WESTON FL 33326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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	
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: _____ DATE: JANUARY 23, 2006 DAYTIME PHONE #: 954-347-8727					



ATTACHMENT
30002969

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

O'DONNELL HOLDINGS LLC
1495 N PARK DR
FORT LAUDERDALE, FL 33326

Subject: O'DONNELL HOLDINGS LLC

Reference Number:

L05000072120

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION