

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082785

FILED
Jul 16, 2008
Secretary of State

Entity Name: PATRICK J. HENNESSEY & ASSOCIATES, LLC

Current Principal Place of Business:

19324 EAST COUNTRY CLUB DRIVE
AVENTURA, FL 33180

New Principal Place of Business:

3255 NE 184TH ST
12407
AVENTURA, FL 33160

Current Mailing Address:

19324 EAST COUNTRY CLUB DRIVE
AVENTURA, FL 33180

New Mailing Address:

3255 NE 184TH ST
12407
AVENTURA, FL 33160

FEI Number: 20-3422586 FEI Number Applied For () FEI Number Not Applicable () 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:

HENNESSEY, PATRICK J MEMBER
19324 EAST COUNTRY CLUB DRIVE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

HENNESSEY, PATRICK J MEMBER
3255 NE 184TH ST
12407
AVENTURA, FL 33160 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:

07/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENNESSEY, PATRICK J SR
Address: 19324 EAST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENNESSEY, PATRICK J SR
Address: 3255 NE 184TH ST
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK J. HENNESSEY SR

MGR

07/16/2008

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