2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006
Secretary of State

DOCUMENT# L05000092580

Entity Name: LINDA A. MCHUGH, LLC

Current Principal Place of Business:

6081 TWAIN STREET
UNIT 106
ORLANDO, FL 32835 US

New Principal Place of Business:

P.O. BOX 187, 9802 BAYMEADOWS ROAD
JACKSONVILLE,, FL 32256 US

Current Mailing Address:

6081 TWAIN STREET
UNIT 106
ORLANDO, FL 32835 US

New Mailing Address:

P.O. BOX 187, BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 US

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:

MCHUGH, LINDA A
6081 TWAIN STREET
UNIT 106
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

MCHUGH, LINDA A
9802 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 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: LINDA A. MCHUGH 07/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCHUGH, LINDA A
Address: 6081 TWAIN STREET UNIT 106
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCHUGH, LINDA A
Address: P.O. BOX 187, 9802 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

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: LINDA A. MCHUGH MGR 07/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date