

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103826

Entity Name: FLYNN PROPERTIES, LLC

FILED  
Mar 08, 2007  
Secretary of State

**Current Principal Place of Business:**

1 HARTSHORN LANE  
WEST NYACK, NY 10994

**New Principal Place of Business:**

**Current Mailing Address:**

1 HARTSHORN LANE  
WEST NYACK, NY 10994

**New Mailing Address:**

FEI Number: 55-0911510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RIGGIO, ROBERT J ESQ  
400 SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114      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: MGRM ( ) Delete  
Name: FLYNN, MICHAEL  
Address: 1 HARTSHORN LANE  
City-St-Zip: WEST NYACK, NY 10994

Title: MGRM ( ) Delete  
Name: CUMMINGS, PAUL  
Address: 78 PARKWAY ROAD  
City-St-Zip: BRONXVILLE, NY 10708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: FLYNN, SEAN  
Address: 23 NORWOOD PL  
City-St-Zip: NANUET, NY 10954

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 FLYNN

MGRM

03/08/2007

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