


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90044 039 \*\*\*\*50.00

**DOCUMENT # L05000112095**

1. Entity Name  
**CONNOLLY INTERNATIONAL LLC**



Principal Place of Business  
**1825 SE TIFFANY AVENUE  
 SUITE 104  
 PORT ST. LUCIE, FL 34952**

Mailing Address  
**1825 SE TIFFANY AVENUE  
 SUITE 104  
 PORT ST. LUCIE, FL 34952**

**30003649**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3831941**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNOLLY, ROBIN J  
 1825 SE TIFFANY AVENUE  
 SUITE 104  
 PORT ST. LUCIE, FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reappointing) DATE \_\_\_\_\_

**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 **MGR**  Delete

NAME **CONNOLLY, ROBIN J**

STREET ADDRESS **1825 SE TIFFANY AVENUE, SUITE 104**

CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

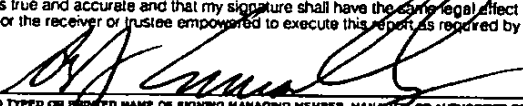
TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:  **2/8/06** **769-8597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT  
30003649

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

CONNOLLY INTERNATIONAL LLC  
1825 SE TIFFANY AVENUE  
SUITE 104  
PORT ST. LUCIE, FL 34952

(20-3831947)

Subject: CONNOLLY INTERNATIONAL LLC

Reference Number: L05000112095

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):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/cj  
ANNUAL REPORTS SECTION

Thanks  
DJC