

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039959

Entity Name: O'NEILL 2006 MANAGEMENT LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

C/O STEVEN A. SCIARRETTA, ESQUIRE
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

15695 SEA MIST LANE
WELLINGTON, FL 33414

Current Mailing Address:

C/O STEVEN A. SCIARRETTA, ESQUIRE
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

15695 SEA MIST LANE
WELLINGTON, FL 33414

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

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A
C/O STEVEN A. SCIARRETTA, P.A.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

WATT, LORENA MRS
15695 SEA MIST LANE
WELLINGTON, FL 33414 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: LORENA WATT

02/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCIARRETTA, STEVEN A ESQUIRE
Address: 2799 NW BOCA RATON BLVD., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: WATT, LORENA
Address: 15695 SEA MIST LANE
City-St-Zip: WELLINGTON, FL 33414

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: LORENA WATT

MRS

02/07/2007

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