

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047545

Entity Name: ERIC CALLAGHAN LLC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

1112 WINIFERD DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1112 WINIFRED DR.
TALLAHASSEE, FL 32308

Current Mailing Address:

1112 WINIFERD DR.
TALLAHASSEE, FL 32308

New Mailing Address:

1112 WINIFRED DR.
TALLAHASSEE, FL 32308

FEI Number: 06-1785790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAGHAN, ERIC C
809 BUENA VISTA AVENUE
TALLAHASSEE, FL 32333 US

Name and Address of New Registered Agent:

CALLAGHAN, ERIC C
1112 WINIFRED DRIVE
TALLAHASSEE, FL 32308 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:

02/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALLAGHAN, ERIC C
Address: 809 BUENA VISTA AVENUE
City-St-Zip: TALLAHASSEE, FL 32333

Title: MGRM (X) Delete
Name: WILLIAMS, MATTHEW B
Address: 1984 REGISTER RD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALLAGHAN, ERIC C
Address: 1112 WINIFRED DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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: ERIC CALLAGHAN

MGRM

02/09/2007

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