

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040122

FILED
Apr 14, 2009
Secretary of State

Entity Name: DOYLE & MCGRATH REAL ESTATE, LLC

Current Principal Place of Business:

19005 N DALE MABRY HIGHWAY
LUTZ, FL 335489200 US

New Principal Place of Business:

Current Mailing Address:

19005 N DALE MABRY HIGHWAY
LUTZ, FL 335489200 US

New Mailing Address:

FEI Number: 74-3257582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LINDA SHARON
19005 N DALE MABRY HWY
LUTZ, FL 335489200 US

Name and Address of New Registered Agent:

DOYLE, JOHN
19005 N. DALE MABRY HWY.
LUTZ, FL 33548 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: JOHN DOYLE

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOYLE, JOHN M
Address: 19005 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 335489200 US

Title: MGR () Delete
Name: MCGRATH, MARGARET M
Address: 19005 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 335489200 US

Title: MGR (X) Delete
Name: SWAN, LINDA SHARON
Address: 19005 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 335489200 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN DOYLE

MGRM

04/14/2009

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