


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90030 010 ****50.00

DOCUMENT # L99000005842 1. Entity Name PHILBIN BROTHERS LLC	
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Principal Place of Business 4599 FOWLER STREET FORT MYERS, FL 33907	Mailing Address 4599 FOWLER STREET FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0949486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILBIN, PATRICK
532 SE 17TH PLACE
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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 Patrick Philbin President 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILBIN, PATRICK 532 SE 17TH PL CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILBIN, DENNIS 87 FARM ROAD SHERBORN, MA 01770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick Philbin 4/13/05 239-936-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #