


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90085 025 ****50.00

DOCUMENT # L99000005842	
1. Entity Name PHILBIN BROTHERS LLC	

Principal Place of Business 4599 FOWLER STREET FORT MYERS, FL 33907	Mailing Address 4599 FOWLER STREET FORT MYERS, FL 33907
---	---

20048414



DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC	CR2E083 (11/05)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  Patrick Philbin (Pres.) 7-7-06 239-936-9030

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