## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L99000005842** 

1. Entity Name
PHILBIN BROTHERS LLC



FILED
Jan 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

4599 FOWLER STREET FORT MYERS, FL 33907

Malling Address

4599 FOWLER STREET FORT MYERS, FL 33907



## DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0949486 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

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				
0.0.0.			Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	PHILBIN, PATRICK			

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

U00000590213 01/18/07-80047-011 50.00

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 peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATWARD TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/12/07

239-936-9030

Daytime Phone #