## - · · 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M02000001861**

1. Entity Name COUGHLIN ENTERPRISES, L.L.C.



FILED ..... Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

17569 PARKE LANE GROSSE ILE, MI 48138 P.O. BOX 1548

KEY WEST, FL 33041-1548



02052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3285781 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COUGHLIN, JULIE 1417 ASHBY ST., #1 KEY WEST, FL 33040

## 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. Signature, typed or printed name of registered agent and this if approache.		() OTE. Registered Agent agenture required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE TIAME STREET ADCRESS CITY-ST-ZIP	MGR COUGHLIN, FRANCIS X 17569 PARKE LANE GROSSE ILE, MI 48138		
TITLE NAME	MRG COUGHLIN, JULIE	1	
STREET ADDRESS	1417 ASHBY ST., #1	1	
CITY-\$1-21°	KEY WEST, FL 33040		1 <u>00000425708</u>
TITLE		U2/2	0/06-80013-003 55.00
NAME Street address			
CITY-ST-UP		I DO NOT	r write
Tutle Name Street Address City-St-Zip		IN THIS	SPACE
TIME			
KAME			
STREET ADDRESS			
City-St-Zip			
1/RLE		1	
NAME STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling doss not quality 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 certify that I am a managing member or manager of the			

SIGNATURE:

AMAGING NEWBER, OR AUTHORIZED REPRESENTATIVE