2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000001172

1. Entity Name
MYERS SAND REALTY LLC,



Principal Place of Business

2220 N. MERIDIAN ST. INDIANAPOLIS, IN 46208

Mailing Address

2220 N. MERIDIAN ST. INDIANAPOLIS, IN 46208

FILED May 05, 2005 08:00 AM Secretary of State



04202005 No Chg-LLC

CR2E083 (10/03)

 4. FEI Number
 Applied For

 35-2155144
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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	named entity submits this statement for the purpose of changing a property of the purpose of changing and the purp	ng its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESKENAZI, DAVID N 2220 N. MERIDIAN ST. INDIANAPOLIS, IN 46208		U00000363319 05/05/05-80153-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, JAY D 2220 N. MERIDIAN ST. INDIANAPOLIS, IN 46208		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		· · · · · · · · · · · · · · · · · · ·	

11. I hereby certify that the information supplied with this filing does not quality fee 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #