

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000245

Entity Name: WARD & MEYERS, L.L.C.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

3201 FLAGLER AVENUE
STE 506
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3201 FLAGLER AVENUE
STE 506
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0969914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, MARY B
22993 ANNE BONNY LANE
CUDJOE KEY, FL 33042 US

Name and Address of New Registered Agent:

MEYERS, MARY BETH
22993 ANNE BONNY LANE
CUDJOE KEY, FL 33042 US

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.

SIGNATURE: MARY BETH MEYERS

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PMGR () Delete
Name: MEYERS, MARY BETH
Address: 2293 ANNE BONNY LANE
City-St-Zip: CUDJOE KEY, FL 33042

Title: MEM () Delete
Name: WARD, LARRY T
Address: 62 CUTTHROAT DR.
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEYERS, MARY BETH
Address: 2293 ANNE BONNY LANE
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGR (X) Change () Addition
Name: WARD, LARRY T
Address: 3201 FLAGLER AVENUE, SUITE 506
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY BETH MEYERS

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date